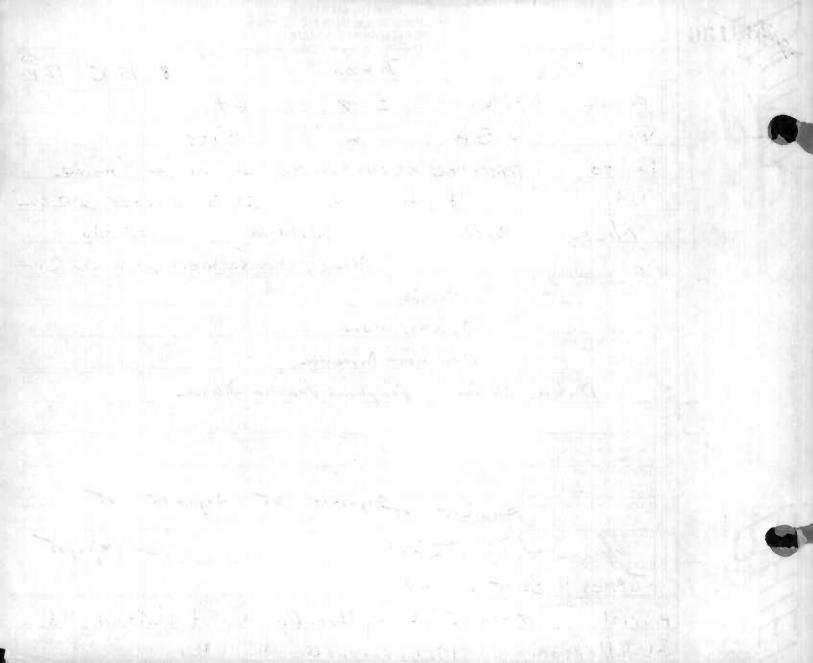
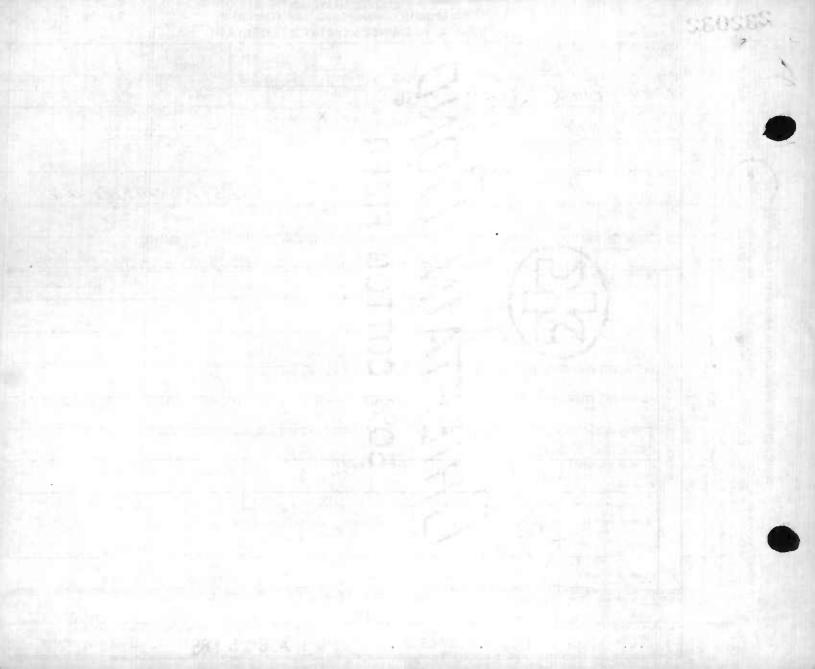


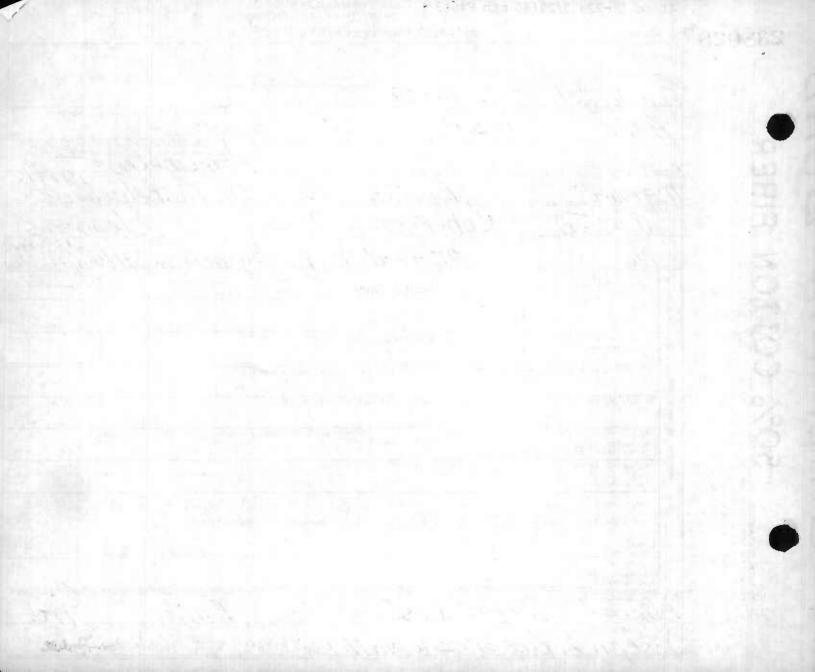
	1				FMARYLAND		/a = 2 = 23	
,233136	1-	FOR STATE	DEPAR		LTH AND MENTAL	HYGIENE 2	2 3 0	Ö
1,00100		REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.	A
T	1. DE	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR CS
oy be deoth	Time	Estelle		Jack	son		8 15 8	17.00
A od od	3. SE		I. RACE	S. DATE OF		6. AGE (IN YEARS LAST BIR		AR IF UNDER 24 HRS
off.		- 1		MONTH	DAY YEAR	111	MONTHS DAY	
ne de la company		remale	B K.	12	8 21	64	YRS	
0 P P P P P P P P P P P P P P P P P P P		RTHPLACE (STATE OR FOREIGN 7	B. CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
		Yo.	USA	WIDOWED				MD
1 3 7	10. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR	SING HOME OR		120 USUAL OCCUPAT		OF BUSINESS OR
- / · · · · · · · · · · · · · · · · · ·		Bulta	(IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	1/2	TYPE OF WORK FOR MOST C		
-5 1 20	USU	AL RESIDENCE (IF NURSING HOME OR C	DEHTON HORGI	11/2 Y 11/2	M. CENTER	ROUSE WIT	te ho	me
PG . 18. 19.	130. 5	TATE 136. COUNT	Y I3c. CITY OR TO		d. INSIDE CITY LIMITS		ZIP CODE	
Z P P		Ma.	t sa		res K NO		Exeter	21202
2 set	14. FA	THER'S NAME "	IDDLE A LAST	15	MOTHER'S MAIDEN	NAME		
MARVIAND 2 ed with (2 mplete), (dit) ond 2 street examiner must b		NICK	Waddy		Mila	ved mode	Wadd	V
- 07	16a V	VAS DECEASED EVER IN U.S. ARM	NED FORCES? 168 SOCIAL SE	CURITY NO. 17	INFORMANT	ADDR		7
BALTIMORE core be execu- ysicion and copers. Pages vol. it, the medico	9	(IF YES, GIVE	WAR OR DATES}	1	Mrs. Fall	lace Jackson	1 CENTL	0 -
LTIA rs. P	1	0			1113.	new vacksor		en Cir
BA Soperation of the state of t		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b),	ond (c1.)			BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
ph ph emo		IMMEDIATE		27:				
ding or r			DUE TO, OR AS A CONSEC	LIENCE OF				
RESTON  deoth ce tottendin nove corb otion, or froumotic	0.19	Conditions, if ony, which	1 Decusit		-5		1.23	
an on the d		gove rise to immediate	) (15)					
W. PRESTON ST., not the deoth certifiby the ottending plass remove corbong, cremotion, or remother troumotic even		couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEC		and An			
d th			107		mentia			
Signe signe o bury,	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NO	/ //	ERMINAL DISEASE OR CON	DITION GIVEN IN PART	lto
or for min	ē	Dig sete.	s Nestitus,	Veriph	reme Vasci	nlar Wisease		
D ony ony	3	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION V	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED
ALR hos t per ene ows	E					YES T NOT	YES	NO T
DF VITA  CIAN: Ti  physica  physica  physica  physica  physica  m 18 sh	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	2	TE HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM IB PART T OR PART 2	)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physicion. Wher this certificate has been sign os the burlot-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury		OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR				
SION OF VIII	5	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M.	19	II. LOCATION			
PHY tendir this the bund w	MEDICAL	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC		STREET	CITY OR TO	WN COUNTY	STATE
So the orke		AT WORK AT WORK						-
A See Lee Lee Lee Lee Lee Lee Lee Lee Lee		220 I certify that (I) (this hospital	ol) oftended the deceased from		WA14, 19	85 to Hugust	- 15 19 55	, that (I) (we) lost
TTE prite prite for of fr		sow the deceased alive on obove, (1) (we) (did) (did not)	August 15 19	85 , and t	hot in (my) (our) opin	nion death occurred on the de	ote and hour and from th	ne couses stated
Ok ATT Ok ATT Oke hospin Director oched for Depti of fitem 2		17h SIGNAPORE	wew me body offer deom.	DEC	GREE		22c. DA	TE SIGNED
the opposite Districts		6/1.	1 60 7	MY	ATTENDIN			5/85
HOSPITAL Or Spired by the FUNERAL DI MODIFIER DI MODI DE detock the Stote De PORTANT: If h		124 PHYSICIAN'S NAME JUTE OF	mo	12	PHYSICIAI Ze ADDRESS	N DIRECTOR PHYSIC	IAN D	1
OSI ON The ba		TX 1 3	25.1- 4	0	TO ADDICESS			
TO HOSPITAL of retoined by the TO FUNERAL Is should be detoined in the Store of IMPORTANT: If		J. W. Sawlor	EMIZ W	1			VE TOWN	
5 5 7 8 7 8	23a. B	URIAL, CREMATION, REMOVAL		E. NAME OF CEM	ETERY OR CREMATO	RY 23d LOCATION	11	
BP	B	urial	8-19-85	KING	Mam DI	< Randa	1 STOWNY	A STATE
	24 FI	INERAL DIRECTOR				DATE REC'D'. BY REGISTRAR		A NURE . DO
DHMH - 16 50M 4/83 (VRA 15, 4)	Ja	5 A. M = 0 = - 1	A CO.S. I ADDRESS	11-	5	AUG 1 9 1985	Lie Dairdson	-Manaelle
(400, 101, 4)	-54	SITINDRTON	A JONS 170	Layr	ens St.	700 I O 1900	as T	



32032	Items 18-	22 9/16/8	om b P	STAT	E OF MARYLAI	ENTAL HYGI	E.	2	30	9	
2002	REGISTRAR			ICAL EXAMINI	ER'S CERTIFI	CATE OF D	EATH	REG.	NO.		
(1	ECEASED NAME	FIRST		MIDDLE	LAST		2a. DATE OF	KNOWN ESTI-	MONTH	DAY YEA	AR 26 HOUR
ET SS SS ET		Samuel		Α.	Jackson		DEAT	H MATED	□ 8/	9/19 8	15 ,
UNERAL DIRECTOR. S. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET.	rale &		TATE OF BIRTH	VEAR LAST BIRTHDAY	MONTHS DAYS	HOURS MIN.	PRONOL	UNCED	MONTH 8/	9/ <sub>19</sub> 8	* 7:32 85 P
Z 5/7 170	BIRTHPLACE (STATE		CITIZEN OF WHA		1		9. BALTI	MORE CITY		Y OF DEATH	
271	JARYLA	N	4.5.		WIDOWED -	DIVORCED [	Ba:	ltimor	e City	7,	ME
8/10	CITY OR TOWN OF	DEATH III.		TAL, NURSING HOME,	OR OTHER INSTITU		USUAL OCC		TYPE OF WORK	12b KIND OF OR INDU	
4	Baltimo			rthwood Dr							50,44
13a	STATE  ARYLAND	13b COUNTY		RESIDENCE BEFORE ADMISSIO 13c. CITY OR TOWN BALTIMORF	13d INSIDE (		STREET ADD	NOR	THUBO	od Disc Go	21239
	FATHER'S NAME		DDLE	LAST	15. MOTH	ER'S MAIDEN NA	ME	MIDDLE		LAST	
W	SAMUEL	MI		ACKSON	· MA	ABLE SMI	тн	MIDDLE		LASI	,
		VER IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY				ADDRE	SS		
	NO.	(IF YES, GIVE WAR	M DATES!	213-28-161	A FRAN	NCES JAC	KSON	453]	NORTHW	OOD DR	IVE
	18 CAUSE OF E	EATH (Enter only on	e cause per line fo		7 1 1100	TO LO TO TO	KJOH		NO RETURN	APPROXIV	AATE INTERVAL
1	PARTIDEAT	H WAS CAUSED BY:	AUSE (a) H	ypertrophic	c Cardiom	opathy				BETWEET OF	VSET AND DEATH
58	No or de	WANTED IA TE C		S A CONSEQUENCE O	F		-1-51				7214
RIAL, CREMATION, OR REMO		if any, which	(6)								
5	cause (a) sta	to immediate oring the <u>under-</u>	DUE TO, OR A	S A CONSEQUENCE O	F	2 1 1 1 1					
53.	lying couse	lost.	(c)								
7	1	FICANT CONDITIONS CONT	LIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE DR CONDITIE	DN GIVEN IN PART 1 (a)	1.				
CERTIFICATION	19g. DATE OF OF	PERATION	TIBL CONDITION	ON FOR WHICH OPERA	TION WAS BEDEOR	DAVED 2	-			T20 AUTOP	cvo
/ 5	THE BRIEGI OF	EKK TIOT	THE CONDING	SINTON WITHCIT OF ERA	CHOIL WAS LEKTOR	RWILD:					
	21a. EXTERNAL C	AUSEWAS	21b. TIME OF II	NILIRY	21c. HOW INJURY	V OCCUPPED :	TED NIATHOS OF	INTERVALIBLE	1004011000	YES []	NO [
		OR	HOUR A.M.	MONTH DAY YEAR	1	OCCORRED (EN	TER NATURE OF	Majii Mi Tatheen	10 FART I OR PAR	(1.2)	
MEDICAL	21d, INJURY OCC	CAUSE OF DEAT		19 INJURY (ATHOME.	21f. LOCATION						
ME	WHILE AT WORK	OT WHILE	STREET, FACTOR		STREET		CITY OR 1	NWOI	COU	PINIY	STATE
		hot I took charge of	the remains descri	ibed above held as	Autopsy X,	Inspection	. Inquir		ond in my op	inua	
	deoth resulted			Accident , Suic			determined i		]	mon.	
	GCO 1 C30EU	.//	2			SPECIFY)	osierillinea i	amer			
	ACTUAL SIGNATURE	X	N		M.D.ASSI	-1	MEDICAL EXA	MINED	DATE	8/10	0/85
2		1		Mary Control		,,	EDICAL CAP	WILL THE REAL PROPERTY.	SIGNE		
	(TYPE OR PRINT)	ME Gregor	y R. Kat	uffman, M.D	ADDRESS_	111	Penn	St.			
23a	BURIAL, CREMATIC	N, REMOVAL 236 D	ATÉ	23c. NAME OF CEM		ORY 23d	LOCATION		COUN	ity	STATE
	BURIAL	8	-15-85	CEDAR H	HILL		BALTI	MORE	COUN	MARYL	
	FUNERAL DIRECTO	R				25a. DATE REC'D	. BY REGISTI	RAR 256 RE		GNATURE	
	E.L. PH	ILLIPS 1	72] N. M	ONROE ST.		AUG 1	5 198	5 Jane	- went do	n-Manda	ميانتر



		- 1	ems 18-22a 3/20	/86 mtb F#613 ST	ATE OF MARYLAND F HEALTH AND MENTAL H	XGIENE 9 9 3	1 0
238028	23		STATE REGISTRAR	MEDICAL EXAMI	NER'S CERTIFICATE O	FDEATH REG. NO.	
	7,1		EASED NAME FIRST	MIDDLE	IAST	20 DATE KNOWN X MON	TH DAY YEAR 26 HOUR
PLEASE ECTOR. FILES. HOURS	2	SEX	Thelma 4. RACE		Jackson	DEATH MATED [ 8	,,
	ı,	SEA	mole Col		YEARS IF UNDER 1 YR. IF UNDER 2 HDAY) MONTHS DAYS HOURS YRS.	24 HRS. 26. DATE MONT MIN PRONOUNCED DEAD 8	10:5
IS NECESSARY, F. FUNERAL DIR E. S. FOR YOUI ED, WITHIN 72	1/8 1	a. 热料	ETHPLACE (CLATECE	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIE	S BALTIMORE CITY OF COL	
NECESSA FUNERAL 5 FOR Y 9, WITHIN	40	1	+/A.	U.S.H.	WIDOWED DIVORCE		ty, MD
LAY IS R O THE FI PAGE 5 E FILED,	2/1	a Cu		11. NAME OF HOSPITAL, NURSING HO	S)	120 USUAL OCCUPATION (TYPE OF WO	OR INDUSTRY
DELA N P P P P P P P P P P P P P P P P P P P		ISUA	Baltimore  LRESIDENCE (SEIN NURSING HOME O	3414 W. Belvedere		Homemale	217/5
F ANY DELA AND 3 TO RETAIN PREPORTED BEILA	35	1	ATE ALANC 136. COUNT		TOUR THE NO D	34/4W.Beli	rederetue.
EATH. IF PM 3. 2. PM 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	90	4. FA	WA/Tex	MIDDLE Koberso	W IS MODER'S MAIDE	N NAME MIDDLE	empous
AFTER C AFTER C INVE PAGE H FORE H FORE FAGES IN	1		(AS DECEASED EVER IN U.S. ARA S. NO. OPUNKNOWN) (IF YES, GIVE V	MED FORCES? WAR OR DATES!  166 SOCIAL SECUR  21244	6783 Mr-FAV	ey Cackson 34	14w belvedon
DURS 18.00 VIT. P. VIT.	1	1	18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).)		The sound of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
X X X X X X X X X X X X X X X X X X X	NAL.			( DUE TO, OR AS A CONSEQUENCE	y liver of Pregn	ancy	
79.2	SWG		Canditians, if any, which	DUE TO, OR AS A CONSEQUENC	E OF		
A PROPERTY	*		gave rise to immediate cause (a) stating the <u>under-</u>	(b) DUE TO, OR AS A CONSEQUENC	E OF		
S ENDER	Ž		lying cause last.	(c)			
DRDS DING DING DING HAN	SWA	z	PART 2 OTNER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO	RMINAL DISEASE OR CONDITION GIVEN IN PAR	T 1 (0),	
<b>二</b> 二十二 〇 半	CKEN	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOPSY?
F VITAL TE SHOUL WORD " HE CHIEF O BE USED	J KIA	TIFIC					YES X NO
CERTIFICATE SHOULD CERTIFICATE SHOULD ITING THE WORD " E DE TO THE CHIEF S 3 SHOULD BE USED. E DEPARTMENT OF HE.		-	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE	21¢ HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	
CERTIFICATE TING THE W SED TO THE 3 SHOULD B DEPARTMEN	ě 7	MEDICAL	CONTRIBUTING CAUSE OF D				
DIVISION OF VITAL THIS CERTIFICATE SHIDLE E, WRITING THE WORD WARRDED TO THE CHIEF PAGE 3 SHOULD BE USE STATE DEPARTMENT OF IT	102	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
RWA RWA RWA STAI	2				Autapsy X Inspection	п. п.	
MINER: TIFICATE BE FOR: TH THE S	MARYLAND			e af the remains described above, held an	Suicide , Hamicide	Undetermined manner .	apinian
EXAM CERTIL DURE WITH	ARY ARY			Tho /	TITLE (SPECIFY)		
SHOULD SH	<u>, i</u>		SIGNATURE	VV	M.D. Assistant	MEDICAL EXAMINER SIG	TE 8/11/85
DE 4 ZO	WOK!		EXAMINER'S NAME (TYPE OR PRINT) Greg	ory R. Kauffman, M.	D 4000000 1117	Penn St.	
TO ME EXECU PAGE AFTER	W 7	30 BI	RIAL, CREMATION, REMOVAL 2		ADDRESS 111	123d LOCATION	
07/84 BP: 2 8 4		8	URIA	5-14-85 EASI	view Cem.	DAITO,	TOUNTY YIMOO
25M DHMH - 17		14 FL	INERAL DIRECTOR	ADDRESS	250. DATE R	EC'D. BY REGISTRAR 25b. REGISTRAR	SSIGNATURE
(VR A15 ME (5	((5)	10	iscon Lik	USS SOLLUIN	OULD HUR. All	127 TURL FRANCISCUL	son-papers



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR STATE REGISTRAR	DEPA	CERTIF	EALTH AND M		ENE & REG. NO	la 4	) ;		
V	T. DECEASED NAME FIRST	WIDDLE	LA	AS1		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
1	WILLI	E GRAY	JA	CKSON			8	13	85	5:37A M
	3. SEX	4. RACE	5. DATE O			6. AGE   IN YEARS LAST BIRT	HDAY)		RIYEAR	IF UNDER 24 HRS
-	Male	Black	MONTH 8	22	42	42	YRS		DAYS	HOURS MIN.
)	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76 CITIZEN OF WHAT COUNT USA	MARRIEL WIDOWE	NEVER M	ARRIED	Baltimore City o			ATH	MD.
1	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES' VAMC, Baltimor	re, Mary		1218	12a USUAL OCCUPATION			KIND OI USTRY	F BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME O 13a STATE 13b COU	NTY 13c. CITY OR 1			NO 🗌	13e.STREET ADDRESS / 213 N. Ca			2.	1231
)	14 FATHER'S NAME FIRST Lester	Jackson			MAIDEN NAM IRST <b>CA</b>	MIDDLE .	Mo	ore	LAST	
	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN)   I IF YES, G	RMED FORCES? 166 SOCIALS VIVE WAR OR DATES) 216-36		17 INFORMAN Hatti		addre on 213 N. (				WATE INTERVAL DNSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stafting the underlying cause last	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  LIPE CONDITION FOR WE	TO DEATH BUT	NOT RELATED	ero	NAL DISEASE OR CONL 17 Jules 1200 AUTOPSY?	cici	atr.	-	GS USED
7	TIFIC					YES NO	IN CERT	TIFYING C	AUSES	OF DEATH?
)	OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORD WORK AT	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	TP  FICE, FARM, ETC)  Om AUGUS  19 85 , on	211 LOCATIO STREET  T 12  d that in (nX) ( DEGREE  Al Pl  22e ADDRESS	N 19.85 OUT) Opinion de	CITY OR TOV  CITY OR TOV	13 te and ho	. 19_8[	om the c	STATE  hat X (we) last causes stated
U	230. BURIAL, CREMATION, REMOVAL		23¢ NAME OF CE	METERY OR C	REMATORY	23d LOCATION	0.	COUNT		STATE
	(SPEBUrial	8/19/85	Garriso	n Fores		Owings		lills		MD

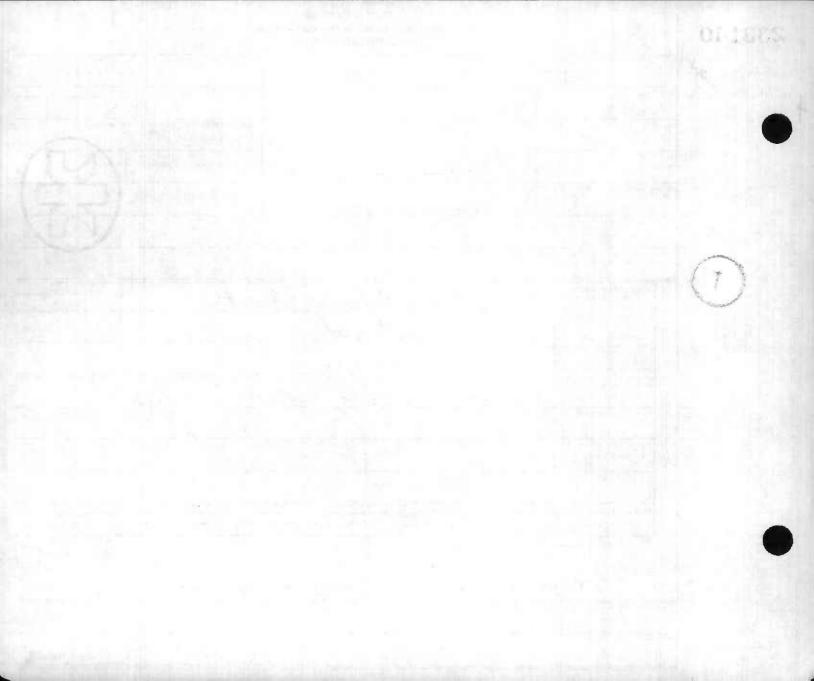
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has been

IMPORTANT. If Item 21 is marked or Item 18 shows ony

Wm. March F/H

1101 E. North Ave.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENS CERTIFICATE OF DEATH

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REG. NO

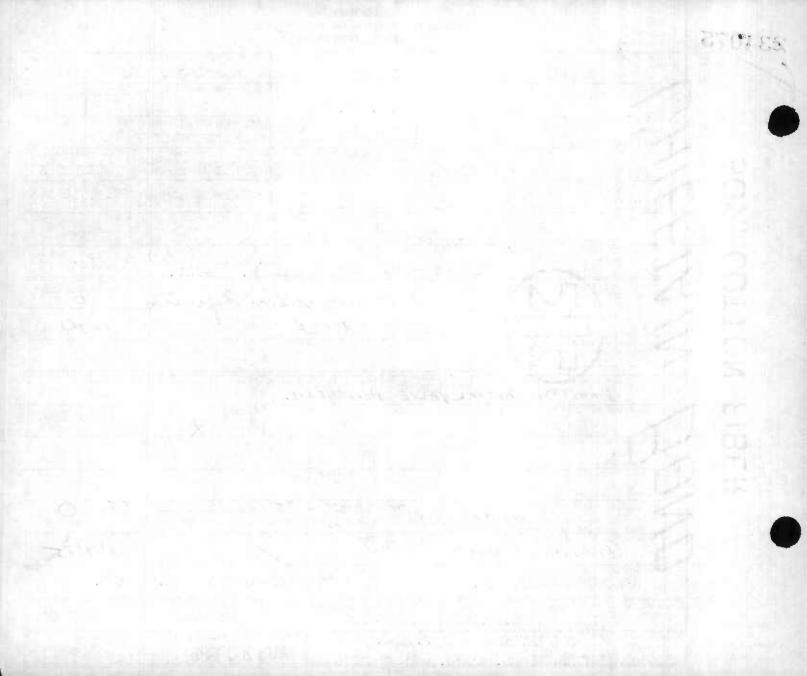
1	1 DECEASED NAME FIRST	WIODLE	1/	AST	20. DATE OF DEATH	AONTH DAY	Y YEAR	2b. HOUR D
	(TYPE OR PRINT) ROLANI		JAC	OBS	AUGUST :	16, 198	85	5:28 m
1	3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS
	MALE	WHITE	_	. 28, 1923	62	YRS	54.5	HOURS MIN.
A	In BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF		FDEATH	
	MARYLAND	USA	WIDOWE	D DINORCED	BALTIMORI	CITY		MD.
2	BALTIMORE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE SINAI HOSI	PITAL	R OTHER INSTITUTION	170 USUAL OCCUPATIO		INDUSTRY	EWARES
2	JSUAL RESIDENCE IF NURSING HOME OF 130 STATE 136 COU		VN	136 INSIDÈ CITY LIMITS? YES X NO	13e STREET ADDRESS / 6638 EBER	ZIP CODE LE DR.	APT <sub>#21</sub>	2103
1	14 FATHER'S NAME FIRST	MIDDLE LAST	c	15. MOTHER'S MAIDEN NA FIRST  IDA	WIOOFE		SUG	
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FÖRČES? 166 SÖCIÁL SEC VE WAR OR DATES) 2/3-/4-		17 INFORMANT	RS. LORRAINE E DR. BALT	JACOB	212	
	PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), o ED BY TE CAUSE (a)	Aurte	myand	ial Infare	ten	BETWEEN	MATE INTERVAL ONSET AND GEATH
	Canditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU		ASCVD	ial Stefance		15	yes
10	PART 2 OTHER SIGNIFICANT  210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO  S, MITCHL VAI  196 CONDITION FOR WHICH	VE 1	prosthesis,	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
1	OR CONTRIBUTION CONTRIBUTION OF ACT	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
1	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE  AT WORK  AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC )	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
1	saw the deceased alive of	Spence 19 19 19 19 19 19 19 19 19 19 19 19 19	85_, on	d that in (my) (our) opinion	deoth occurred on the da	e and hour a		
	Whahm	n bene un	m		MEDICAL STAF	AN 🗆		185
	ABRAHAM GEN			5616 CROSS	S COUNTRY BL	VD. B	ALTO.,	, MD
	230. BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL			AMUNO	BALT IMOR	E	COUNTY MA	RYLAND
	74 FUNERAL DIRECTOR		TNIC	125a DA1	TE DEC'D BY DECISTBAR	EL DECICTOA	DIC CICALAT	LIDE

DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD

SOL LEVINSON & BROS., INC.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	6	Se y	Cre	the
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	H	1 3	12	0
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely thed in by the tuning should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 stack the barried in the	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examines the medical examines to the second state of the second state

(VRA 15, 4)

140011	1.	FOR STATE	DEPAR	TMENT OF H	EALTH AND MENTAL BYG ICATE OF DEATH	IENE -223	3	
TEOOR		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
m.e		CEASED NAME FIRST OR PRINT)	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR	
degr degr				JARRE		August 21, 19	85 8 A M	
fter p	3 SE		4. RACE	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.	
age ,	1	Male	White	Aug		89 YRS		
Tool bodi	To BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
de offi		MD	USA	WIDOWE	DIVORCED [	Baltimore Cit	Y MD.	
11111	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY	
	10	Baltimore	830 W. 40th	Stree	t	Physician	Medical	
hou hou		AL RESIDENCE (IF NURSING HOME OF	DR OTHER INSTITUTION GIVE RESIDENCE BEFO		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	F	
24		MD	Balt		YES 🔀 NO 🗌	830 W. 40th 9		
2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAST	
de de	1	William	H. Jarrett		Mary	Virginia	Street	
xecut dicol		VAS DECEASED EVER IN U.S. A	INF WAR OR DATEST		17 INFORMANT	ADDRESS		
Poor P		No	220 44	3204	Edwin B. J	Jarrett, Jr.,	MD	
sicio pers ol.		18 CAUSE OF DEATH (Enter o	only one couse per line for (a), (b), a	and ici.		1 ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
phy on po emov		PART I. DEATH WAS CAUS	ATE CAUSE (o)	car	dial Info	metion	Unkerown	
ding orbo			DUE TO, OR AS A CONSEO	UENCE OF	4.0	21 21	. 1.	
deot outen		Conditions, if any, which	1 (b) Arterio		te Coroson	y Antony Viscon	e ancion	
the cremo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF		1 0		
by by sose sl, cr		underlying couse lost	(c)					
signed hen ple to burio	z	Δ_		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART I O	
ny in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S. WERE FINDINGS USED	
ne poem	FF						FYING CAUSES OF DEATH?	
ysicio ysicio onsit Tygie 8 sho	ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18		
phy	-	OR CONTRIBUTING CAUSE OF DE						
ding ding ss ce burid Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY	19	211 LOCATION			
O Phen the the the ond ond ked c	X	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OFFICE	E, FARM ETC )	STREET	CITY OR TOWN	COUNTY STATE	
Or			atel ottended the deceased from	Jul .	1 5 10 75	10 8 21 85	19that (li (m) lost	
TEN TOR Or of He		Asaw the deceased alive a	0 8/10 10		nd that in (my) (each apinion o	death accurred on the date and how		
REC REC Pept. cept. cem		22b SIGNATURE	ot) view the body afterdeath.		DEGREE		22c. DATE SIGNED	
the Detector		warten L	Acusewal	0 W	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	823/85	
o Hospital etained by 1 TO FUNERAl should be de with the Stot		22d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	ownerous Autolesia C	1000	
HOSE FUN Sold b		Dr. Martin S	Singewald, MD		11 E. Chas	se Street, Balto	a. MD	
show with	23a 8	URIAL, CREMATION, REMOVA		NAME OF C	EMETERY OR CREMATORY	123d LOCATION		
BP		SPECIFY) Burial			Presbyterian	CITY OR LOWN	COUNTY MD STATE	
			ry W. Jenkins		S CO. 250 DATE	F RECED BY REGISTRAR 256 REGIST	IRAR'S SIGNATURE	
DHMH - 16 60M 7/84 (VRA 15, 4)	10	05 York Road	Ratto MD	2121	AU	626 1085 Fiche &	evidson-Amplete	

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BY GIENE

REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	
1 DECEASED NAME (TYPE OR PRINT)	GN-es		FFCO	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR 25 A M
3. SEX  Female  10. BIRTHPLACE (STATE OR FO WARSAW, Pola	White White REIGN 76 CITIZEN OF Md USA	e Ju] what country? 8	Ly 19,1905  ED   NEVER MARRIED	80 YRS  9 BALTIMORE CITY OR COUN Baltimore Ci	TY OF DEATH
10 CITY OR TOWN OF DEAT Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HOME (CHEACILITY, GIVE STREET ADDRESS) CES Scott KE	OR OTHER INSTITUTION	120 USUAL OCCUPATION  {TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
Maryland  14 FATHER'S NAME FIRST	3b COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN NO. FIRST	AME	St.Balto.Md.
Jacob 160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO		Crossney  166 SOCIAL SECURITY NO.  362-18-3518	Meal: 17 INFORMANT BD Joanne		Jnknown rownsville,Md. ine Trail,2103
PARTI DEATH WA	S CAUSED BY: MMEDIATE CAUSE (a)	Chamo Pucha	mmy theist		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, gave rise to imme cause (a), stating underlying cause	which diote	R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF	CARDIOVUSOPATI	M (PRESUMED)	
PART 2 OTHER SIGNI		ONTRIBUTING TO DEATH BUT		MINAL DISEASE OR CONDITION G	EVEN IN PART 110

71b. TIME OF INJURY HOUR A.M. MONTH DAY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED NOT WHILE

ACCIDENT WAS UNDERLYING

P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

CITY OF TOWN COUNTY

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an above (I)(we) (did) (did not) view the body after death. 22b. SIGNATUR

(SPECIFY)

CERTIFIC

MEDICAL

Holy

FSKWE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NO

22c. DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

NO [

STATE

YES [

DUOSS WO

Burial

23a. BURIAL, CREMATION, REMOVAL

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

211 LOCATION

STREET

BALTWILL UD

DHMH - 16 60M 7/B4 (VRA 15, 4)

onsit be

abld be detached the State Dept

1B sh

morked or

MPORTANT

certificate

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

Aug.12,1985 24 FUNERAL DIRECTOR McOwilly Funeral Home, 130 Balt8. Md. 27230

23b. DATE

Cross Cemt.

Baltimore, A.A.Co.Md.

	08	19,1905	July	White	Female
City	Baltimore (		XX	USA	Warsaw, Poland
21230	Housewife	Med.Cent.	Scott Key	Fransces	Baltimore
St.Balto.Md.	307 E.Rest	XX	eltimore	Bs	Mary land
Unknown		Mealy	ssney	Cro	Jacob
Crownsville, Md. Hine Trail. 2103		Joanne M.	-18-3518D	362	No

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) HERC	ULES JEFFERS	ON	August 30.	1985	8:00a M
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	Black	8 31 22	62 v	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	BALTIMORE CITY OR COL		
South Carolina	U.S.A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED	BALTIMORE C	ETTY	MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF	MD. BUSINESS OR
BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET A		(TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY	
	VA MEDICAL CENTED  OF OTHER INSTITUTION GIVE RESIDENCE BEFORE	R BALTIMORE MD			
130 STATE 13b COU			13e.STREET ADDRESS / ZIP		+0101
Maryland	Baltimo	YES NO 1	1625 East	25th Str	eetZIZI
FIRST	MIDDLE LAST	FIRST	WIDDLE	T C LAST	
John	Jefferson	Sarah	4000544	Jeffer	son
160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST		ADDRESS		
YES	218 18 29	998 Sarah McLeo	d 827 N. Arl		
	only one cause per line for tal, (b), and			APPROXIM BETWEEN O	NATE INTERVAL
PART 1. DEATH WAS CAUS	ATE CAUSE (0) Uncerta	aris at this terril			
	DUE TO, OR AS A CONSEQUE	NCF OF			
Conditions, if any, which	( 16) Leine C	ancer with exter	usini prelostate		
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE			100	
underlying cause last	DOL 10, OK AS A CONSEGUE!	disease			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	N GIVEN IN PART 110	
Z	MACHINE S				
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDING	GS USED
)HI			YES TO NOT	ERTIFYING CAUSES (	OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE		
OR CO. INDIDITION OF CALLES OF CA					
(IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	P.M.	2H LOCATION			
	(AT HOME STREET, FACTORY OFFICE, FA		CITY OR TOWN	COUNTY	STATE
AT WORK AT WORK		August 1/ et	1	cr	
	pital) attended the deceased from <u>A</u> in <u>August 30 19</u>		death accurred on the date and		hat (IX)we) last
	n August 30 19 8		death accorded on the date and		
22b. SIGNATURE	Granow Mr	DEGREE	MEDICAL STAFF	221. DATES	20/88
Kelle /f.	000000	PHYSICIAN [	DIRECTOR PHYSICIAN	0/.	50188
22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS			
the H. Je	former MD	3900 Loch	Raven Blud. Ba	ltimore MI	21218
23a BURIAL, CREMATION, REMOVA		AME OF CEMETERY OR CREMATORY	23d LOCATION	001484	
BURIAL	9/4/85 Ga	arrison Forest	VA Owings Mi	lls,	Md. STATE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

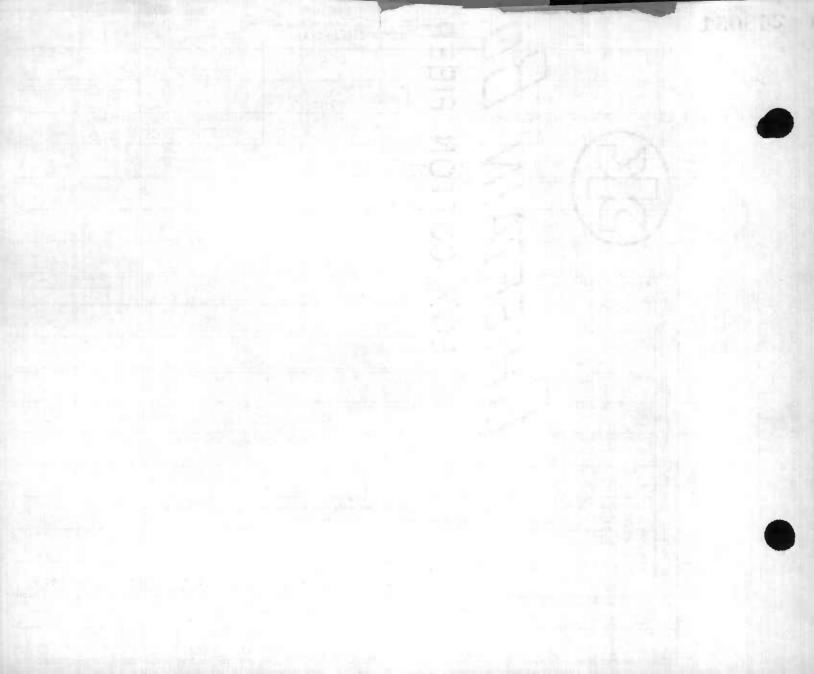
BP.

TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If them 21 is marked or them 18 shows any

Wm C March F/H Inc. 1101 E North Avenue

250, DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



235155 | FOR TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbon papelit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HESIENE

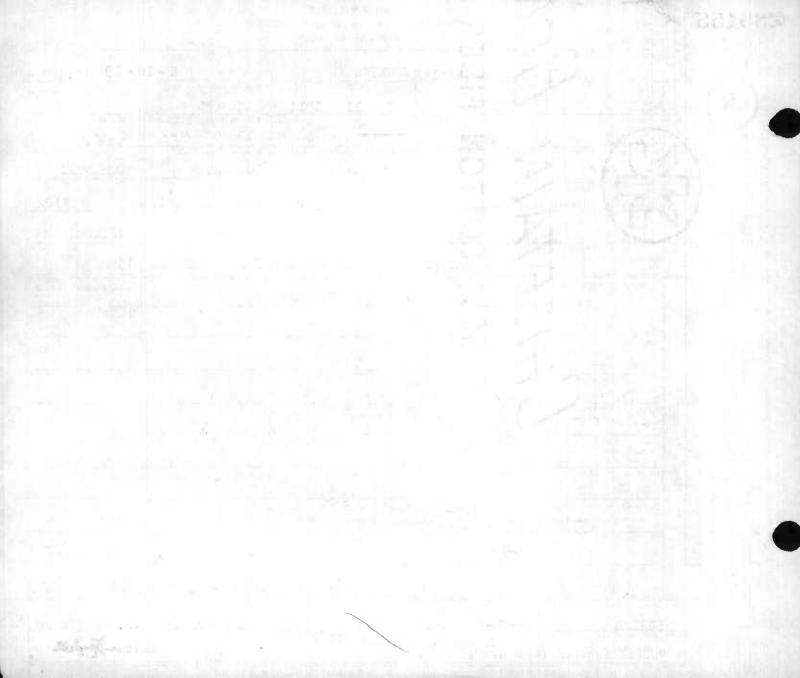
2 3

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDIE	i	AST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
MARGA	ARET CA THER	INE JENK	INS	8-1	18 - 1985 5:40P M
3. SEX	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
FEMALE	WHITE	7 MONTH	11 1914	71 YRS	MONTHS DATS HOURS MIN
78 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	VTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
MARYALND	USA	WIDOWE		Baltimore	City MD.
Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		or other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKER	126 KIND OF BUSINESS OR INDUSTRY DOMESTIC
SUAL RESIDENCE IN NURS HOME GOL 30 STATE COL MARYLAND	INTY 13t. CITY OF	RTOWN	13d. INSIDE CITY LIMITS? YES 💢 NO 💢	136.STREET ADDRESS / ZIP COL 1663 WALL DRIV	DE E 21122
M FATHER'S NAME FIRST WILLIAM TO	MIDDLE LAS	DADES	15. MOTHER'S MAIDEN NA MARGARET	ME FILFN	VICKERS
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	7-4609	CHARLES JEN	ADDRESS  KINS SAME AS	#13
PART I. DEATH WAS CAUS	inly one couse per line lactol, (ED BY- ATE CAUSE (0)  DUE TO, OR AS A CON:  (b)  DUE TO, OR AS A CON:	SEQUENCE OF SEQUENCE OF	y arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT  PART 3 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  PART 3 OTHER SIGNIFICANT  PART 3 OTHER SIGNIFICANT  PART 3 OTHER SIGNIFICANT  PART 4 OTHER SIGNIFICANT  PART 5 OTHER SIGNI		carcino	NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF Y	ES, WERE FINDINGS USED FIFTING CAUSES OF DEATH? FIELD NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETTHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C		STREET	CITY OR TOWN	COUNTY STATE
	or at view the body alter death.	_19, ar		death occurred an the date and ho	
226 SIGNATURE Hosbrul	i Mo		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 8//8/85
DR. HOCHULI	OR PRINT)		900 S. C	aton Ave Bul	+, MO . 21229
23a BURIAL, CREMATION, REMOVA	L 236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BURTAL	8-21-85	GLEN HAY	TEN MEM. PARK	CLEN BURNIE	A.A. MARYLAND
McCULLY FUNERAL	HOME MT&TICK	MARYLA NECK RDS	AND @1122 250 DAT AUG	2.1 1985	STRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If them 21 is morked or them 18 thms any



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 233031 - STATE ATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN K (TYPE OR PRINT) ELAY IS NECESSARY, PLEAS.
TO THE FUNRAL DIRECTOR.
TO AGE 5 FOR YOUR FILES.
BE FILED, WITHIN 72 HOURS
BE FILED, WITHIN 72 HOURS ESTI-SHAWN DEATH MATED ANTONIO **JENKINS** 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED 10;21 1968 Male Negro 6 17 DEAD 19 a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Maryland USA WIDOWED [ DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore alley - 3015 Herbert St. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 2300 W. Fayette St. 21223 Maryland Baltimore YESXX NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jenkins William Roslyn Brandon 7. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Roslyn L. Jenkins 2300 W. Fayette S N/A No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Shotgun wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HIS YES S NO [ TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CT FUNCAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMQRE, MARYLAND, 21201 PRIOR TO BU 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10:15xx 8-15-19 85 Subject shot. 21e PLACE OF INJURY (AT HOME. 21f. LOCATION WHILE AT WORK allev 3000 blk. Herbert St., Balto. City, MD 220 I certify that I taak charge of the remains described above, held an Hamicide X Accident Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) ACTUAL MD Assistant MEDICAL EXAMINER 8-15-85 SIGNATURE EXAMINER'S NAM Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY Randallstown, Maryland 8/19/85 Burial King Mem. Pk. 07/84 24 FUNERAL DIRECTOR **DHMH - 17** C. March F/H, Inc. 1101 E. North Ave. (VR A15 ME (5))



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243	9051	LDE	REGISTRAR CEASED NAME	FIRST	WEL	MIDDLE	EXAMIN	EK 3 C	EKTIFIC	CATEO		REG.	NO.	8.	
1.			E OR PRINT)	1 1 1 1					CASI		2	OF ESTI-		DAY YEAR	26. HOUR
18	PLEASE CTOR. FILES. HOURS	0.05	1. 0.	DESIN	E (JENN	IES)	JENN					DEATH MATED	MONTH	DAY YEAR	N N
X	SESE	3. SE		/	DATE OF BIRTH	YEAR	6 AGE (IN YE)		DER 1 YR.	HOURS		RONOUNCED	8-30		12:24
	ARY, NOUN TON	-	F. I		12 25	19	65 YE	S.				DEAD		19	12.2
	L ZEET NE A	70 B	RTHPLACE (STATE OF	1/6	CITIZEN OF WH		VTRY?	8 MARRI	ED NE	VER MARRIE	ED 🔲	BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	DELAY IS NECESSARY, PEASE OTHE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES, HETLED, WITHIN 72 HOURS DISTAN W. PRESTON STREET,		S.C.		U.S.			WIDOW		DIVORCE		Baltimor		-	MD
	Y IS EE GH	10. C	ITY OR TOWN OF D	EATH III	I. NAME OF HOSE			, OR OTH	er institu'	TION		AL OCCUPATION OST OF WORKING LIFE)	(TYPE OF WORK	126 KIND OF B OR INDUS	
	SEE POLE	R-	Itimore	-	717 Drui	d Par	k Lake	Dri	<i>ie</i>		C	ook		Restur	ant
10	202502		AL RESIDENCE TIF IN I	136 COUNTY	THER INSTITUTION, GIV	E RESIDENCE	OR TOWN	(MC	134. INSIDE CI	ITY-LIMITS?	13e. STRE	ET ADDRESS			
2120	は多種語のり	M	d.	Total Assessment of the Control of t		Ba 1	to.		YES	NO 🗌	717	Druid :	Lake :	Dr. 21	217
W	CHANNE	14. F.	ATHER'S NAME	N	AIDDLE		LAST	141	F	ER'S MAIDE	N NAME	MIDDLE		LAST	
, W	25000			Greene					S	usie			Ja	mes	
IMO	N ON A	160.	WAS DECEASED EVE	R IN U.S. ARMED	D FORCES?	166. SO	CIAL SECURIT	NO.	17. INFORA	MANT		ADDR	ESS		7-50
ALT	RS AFT WITH F PAGE DIVISION		no			213	26 5	410	Cla:	ra Gi	1111	ard 520	8 Hil	lwell	Rd.
			18 CAUSE OF DE	ATH (Enter only o	one couse per line	for (o), (b	), ond (c).)							APPROXIMA BETWEEN ONS	E INTERVAL
PRESTON ST	¥ < 9 3 7 3		PARTIDEATH	WAS CAUSED BY		rter	ioscler	otic	card.	iovasc	cular	disease		021112110115	
STO					DUE TO, OR	AS A CON	NSEQUENCE (	OF .						100	
Ø.	WITHIN WCIL IN INER A INER A ITAL HY R REMO		Conditions, if		(b)										
3	UTED WITHI EXAMINER HAL - TRANS O MENTAL HON, OR REA		couse (a) stati	ng the under-		AS A CON	NSEQUENCE (	)F			, ,				
201	XECUTED JG" IN PI JAL EXAV BURIAL - AND MEI		lying cause las	<u></u>	(c)										
RECORDS	HOULD BE EXECUTED WITH RD "PENDING". IN PENCIL HHEF MEDICAL EXAMINE USED AS A BURIAL - TRAN OF HEATTH AND MENTAL RIAL, CREMATION, OR RE		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING TO DEATH I	UT NOT RELA	ATED TO THE TERM	INAL DISEASI	OR CONDITION	N GIVEN IN PAR	T l a				
8	PENDING MEDICAL D AS A BU TEALTH AN	NO													
	HIEF A HIEF A USED / OF HE/	3	190. DATE OF OPE	RATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				2D AUTOPS	(?
OF VITAL	ATE SHOULD THE WORD "PE THE CHIEF A THE CHIEF A MENT OF HEA TO BURIAL, O	CERTIFICATION												YES 🗌	NO X
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DIVISION	CERTIF TING DED TO 3 SHO DEPAI	MEDICAL	21d. INJURY OCCU	RRED	21e PLACE C				TREET			CITY OR TOWN	-	UNTY	STATE
ō	WRIT WRIT ARE AGE ATE 1	2	WHILE ON AT	WORK	JINCI, INCI	OKT, FARM, E			, RECT			CITORTOWN	CO	UNIT	STATE
	R: THIS CERTIFICATE SHO TE, WRITING THE WORD RWARDED TO THE CHI SE, PAGE 33 SHOULD BE U. STATT DEPARTMENT OD D. 21201 PRIOR TO BURI				f the remains desc	ribed obc	ave held as	Autop	, []	Inspection		Inquiry X	ond in my or		
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE S WARYLAND,		deoth resulted fro		L <b>A</b> J	Accident		cide	Homic			rmined monner		pinion	
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	1	(TYPE OR PRINT)	E Marg	arita A.	Kor	ell, M.	D.	ADDRESS_	111 ;	renn	Street			
	524548 -	23o. B	URIAL CREMATION	REMOVAL 23b	DATE	23c. 1	NAME OF CEA			ORY	23d LO	CATION			
07/84	BP	(	Burial	9	3/85		Arbut				Ba	ito.	COU	Md.	STATE
25M	DHMH - 17	24 F	UNERAL DIRECTOR							250. DATE R	EC'D. BY		EGISTRAR'S S	IGNATURE .	0
	(VR A15 ME (5))	Ja	ames A.	Morton	& Sons	170	1 Lau	rens		SEP	4	1985 July	a Liands	m-Randel	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR REG. NO DECEASED NAME O DATE KNOWN SIDNEY DEATH MATED JOHN JENSEN 8 26 19 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED Dec. 9, 1927 57 YRS Male White DEAD TE CITIZEN OF WHAT COUNTRYS TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City DIVORCED Minnesota WIDOWED 12ª USUAL OCCUPATION (TYPE OF WORK ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Barthmore Retired Teacher County Schools 2539 Steel Rd. Baltimore SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3n STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD. 2120 2539 Steele Road 21209 Maryland Baltimore YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Bell Sidney Mabel John Jensen Dority 17. INFORMANT ABOREN. Bellegrove Road 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes 477-12-2089 John Jeffrey Jensen Catonsville, Md. 21228 ww II CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO SE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK CITY OR TOWN COUNTY STATE Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TH BRALIMORE, MARYLAN Natural causes X death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8-29-85 SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Md. Burial Marriottsville 8/30/85 Crestlawn Cemetery 07/84 24 Legray Pirt to & Russell C. Witzke Funeral Homes P. A. Date REC'D. BY REGISTRAR'S SIGNATURE **DHMH - 17** 1630 Edmondson Avenue, Catonsville, Md. 21228 war waydson-handell (VR A15 ME (5))

STATE OF MARYLAND

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# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for use as the buriol-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO HOSPITAL OR ATTENDING PHYSICIAN: The low TO FUNERAL DIRECTOR: After etoined by the hospitol

## FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTALHYGIENE
CERTIFICATE OF DEATH

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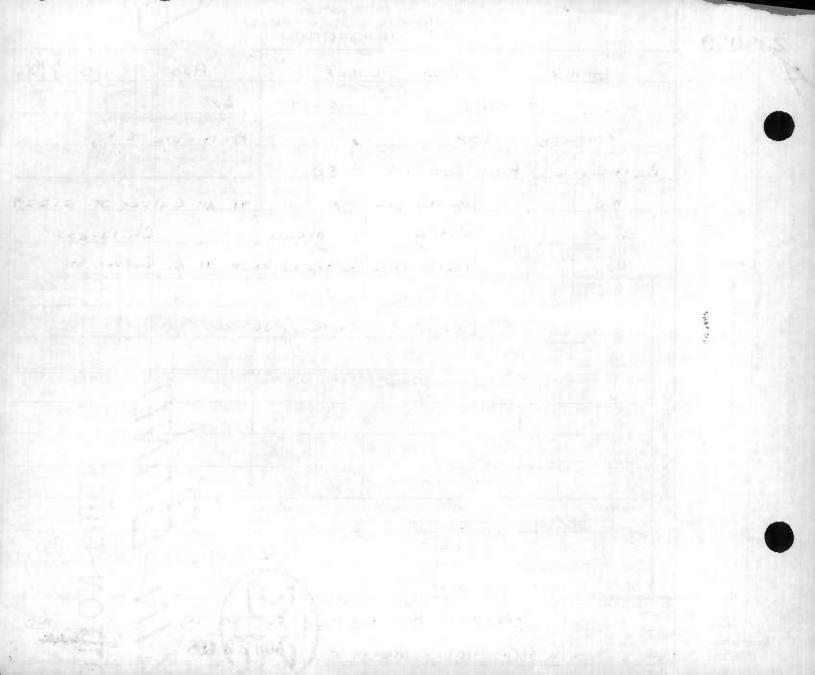
		REGISTRAR		CERTI	ICAIL OI DEATI	"	REG. NO	).	1			
П	1. DECEASED NAME FIRST		WIDDLE		LAST		20. DATE OF DEATH	DAY YEAR				
	GRACE		Wilson	JESSUP			AUG	8, 1985 140p				
	3 SEX		4 RACE	5. DATE OF BIRTH			6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	HOURS I	A PA HRS	
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1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRI	C [	9 BALTIMORE CITY OF	COUNTY	OF DEATH			
5	(	kentucky	USA	WIDOWI		_	Baltimo	re (	C:4 ~		MD.	
1	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	ON	120 USUAL OCCUPATION OF WORK FOR MOST OF		12h KIND ( FE) INDUSTRY		SS OR	
	1	Saltimore	RON SECO	-	14050							
-	13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	re admission) NN	134. INSIDE CITY LIA	AITS?	13e.STREET ADDRESS /	ZIP CODE				
1		WO -	Battin	nore	YES NO			alve	2 St.	213	229	
	14. FA	ATHER'S NAME	MIDDLE WILSON		15. MOTHER'S MAID		MIDDLE	01	2 1 A	IST		
1	16= 14	WAS DECEASED EVER IN U.S. AF		LIDITY NO	17 INFORMANT	nie	ADDRE		rildre	22		
		YES, NO OR UNKNOWN) (IF YES, GY	VE WAR OR DATES)			. 4.		-	1000	54.		
		NO	402-30-		Gertrud	2 110	CA II N	,		VIDAYE INVE	Bylad	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), o: ED BY:		ARRESI				BETWEEN	XIMATE INTER	DEATH	
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		CALL THE REAL PROPERTY.	DUE TO, OR AS A CONSEOL	JENCE OF	1150	/AD	ENDIACE	0100	.1			
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		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF								
		underlying couse last.	(c)									
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	CERTIFICATION			of Disk								
7	CAI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?		S, WERE FINDI			
_	E						YES NO	YE		NO [		
5	G	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AV VEAD	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART T OR PART 2)			
7	¥	OR CONTRIBUTING CAUSE OF DE	AIR	19								
	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	4		1000	COUNTY		STATE	
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY DEEICE,	EARM, ETC )	STREET		CITY OR TOV	VN	COUNT	5	TAIL	
			ital) attended the deceased fram.	8/1	10	87	10 8/18		10 81	that (I) (v	we) last	
		saw the deceased alive ar		, a	nd that in (my) (our)	opinian de	eath occurred on the da	te and hou	ond from the	( ( .		
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		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMA	ATORY	23d LOCATION		60 mil			
	(	Burial	8/23/85 A	rbut	us mem.	8x	Balto.		COUNTY		TATE	
	24 FL	UNERAL DIRECTOR		TEIL		25a DATE	REC'D. BY REGISTRAR	IN REGIST	RAR'S SIGN	DUREL DO	-	
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DHMH - 16 50M 4/83 (VRA 15, 4)

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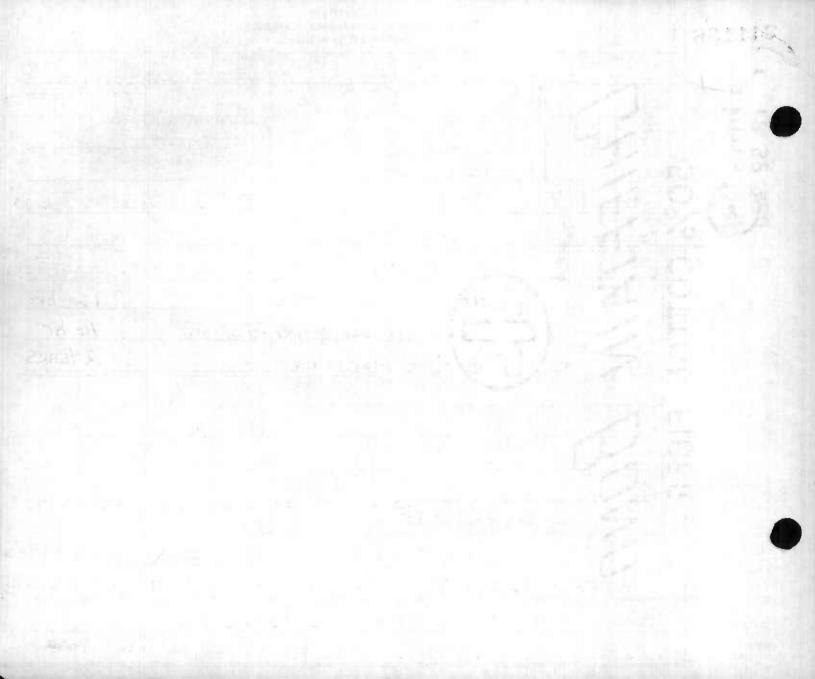
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5
CERTIFICATE OF DEATH

And other death		CEASED NAME FIRST				ICATE OF DEATH	REG. NO.			96
+	line			MIDDLE	I.	AST		ONTH DAY	YEAR	26 HOUR
1		WILL	TAM MAT	Е	JE	ТТ	AUGUST 22,	1985		2:35 P
Brond.	3. SEX		4 RACE		S. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHE			IF UNDER 24 HRS
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- K F		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF D	EATH	
15		Maryland	USA		WIDOWE		BALTIMORE C	ITY		MD.
記記	5	Y OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A HOPKINS H	(DDRESS)	AL	120 USUAL OCCUPATION		KIND OF DUSTRY	BUSINESS OR
F8-71		L RESIDENCE (IF NURSING HOME OF TATE 136 COU		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	ZID CODE		21213
1382		ryland		Baltimo		YES X NO	1300 E. L	anvale	St.	
TropA)	9 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
1		Armstead	WIDDLE	Jett		Mary	MIDDLE	Ev	erha	rt
P 8 3 /		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	5		Apt.
200	100	IO	VE WAR OR DATES)	218-07-	0492	Mrs. Julia	A. Jett 1	300 E.	Lan	
360		18 CAUSE OF DEATH (Enter o	nly one couse pe			0 -				ATE INTERVAL
186	5	PART I. DEATH WAS CAUS	TE CAUSE (a)		gati	ve Sapsis			10	2 hr
93 1 1	3	WWCDIA		RAS A CONSTQUE	7	0	·			
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by the control of her tra	Ž	gove rise to immediate couse (a), stoting the underlying couse last.	DUE TO, C	RAS A CONSEQUE	NCE OF	lueloma			2	YEARS
her ple feer ple to there of	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN	PART Iro	
To be	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		70b. IF YES, WER IN CERTIFYING YES		
of trans	10-11	210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	N ITEM 18 PART I O	R PART 2)	
And Market of Ma	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOWN	CC	OUNTY	STATE
TOR Att		22a.l certify that (It (this hosp haw the deceased alive or above, (I)-(we) (did) (did n	Aug 2	19 8	1 1	d that in (my) (our) opinion	to Aug 2	17		ot (li (we) last
CAL DIRECTOR Dept.	Ē	226 SIGNATURE	P	Lave	20	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		Jug 4	
Noulit be of the State of the State		PETER P	. LAI	, M.D.		22e ADDRESS	ins Hosp. Bo	6.13	e M	D 212
		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	1002	uty	STATE
	-	Burial NERAL DIRECTOR	8/28/	85   Ea	stvi	ew Mem. Pk.	Baltimor EREC'D. BY REGISTRAR 25	e, Mar	vlar	5.2



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	NDING PHYSICIAN. The low requires that the death entitliate the executed within 24 hours after a standing physician.	R. After this certificate has been signed by the attending they can and confirmely fined in by the fu
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CIVISION OF VITAL ARCONOS, 201 W. PRESTON STREET, BARRING MINISTRALIA	NDING PHYSICIAN The I	d
	Z -	00

STATE OF MARYLAND

CEPTIFICATE OF DEATH

REGISTRAR			CERTIF	ICATE OF DEA	In	REG. NO	0.	
1. DECEASED NAME	FIRST Like 1	MIDDLE		AST EA	2	B DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
•	JOHN		3.5	TICK	•	ACE INVENEZACIACO	S-AI-	85 11. 36P
3. SEX Male	4. RA	lack	S. DATE C	DAY	YEAR	AGE (IN YEARS LAST BIR	MONTHS	DAYS HOURS MIN
			4	24 (	28	BALTIMORE CITY O	7 YRS	ATU
7e. BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 176 CT	ITIZEN OF WHAT CO	MARRIE	D NEVER MAR	RIED A	BALTIMORE CITY O		AIR
Virginia 10 cijy or town of de	ATU 11 h	U. S. A.	L NURSING HOME C		CED [	2a USUAL OCCUPATI	IMORE	KIND OF BUSINESS OF
0	45 -1	IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS]	OR OTHER INSTITU		TYPE OF WORK FOR MOST O		USTRY
MISUAL RESIDENCE (IF NUR			OSPITAL ENCE BEFORE ADMISSIONS			Federal gu	ard Ise	curity
130 STATE Maryland	136 COUNTY	13c CITY	ORTOWN	13d. INSIDE CITY		se.STREET ADDRESS		
Marycana 14 FATHER'S NAME		Bac	timore	YES X NO	AIDEN NAME		laski St.	21217
FIRST	MIDDLE	E	LAST	FIRST		MIDDLE		LAST
160 WAS DECEASED EVER	IN II S ARMED	FORCES? TAN SOC	IAL SECURITY NO.	Virginia 17 INFORMANT	ζ	ADDRE		lson
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	=07-5229		24 - 1	1511 11 5	0 1:0	
	<u> </u>			Geneva (	ranam	1511 N. P	ulaski St	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
PART I. DEATH V	VAS CAUSED BY:	e cause per line for to	2010-PUL		, 1	RREST		C. HILL CONSCIONAD SCHOOL
PART 2 OTHER SIG	e lost. NIFICANT COND		TING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIVEN IN I	PART 110  E FINDINGS USED CAUSES OF DEATH? NO
218. ACCIDENT WAS UN	DERLYING 2	21b. TIME OF INJURY		21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART OR	PART 2)
		HOUR A.M. MO	NTH DAY YEAR					
214 INJURY OCCUR	RED 2	21e PLACE OF INJUR	RY	21f LOCATION STREET		CITY OR TO	IWN (O	UNIY STATE
,		ottended the deceos			9	, to		, that (l) (we) la
saw the deceo obove, (I) (we)	ed alive on_ did) (did not) viev	w the body ofter dec	oth.		r) opinion de	ath occurred on the d		
226 SIGNATURE	Thia	$\sim$	My.		NDING SICIAN	MEDICAL STAI	FF /	8-27-8
22d. PHYSICIAN'S N	AME (TYPE OR PRIN		Yo m.D.	22e. ADDRESS				
TOO DUIDING COCHATION	REMOVAL 23	b. DATE	234 NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION	COUN	
230. BURIAL, CREMATION (SPECIFY)			00	.00				TY STATE
(SPECIFY)  Buria  24. FUNERAL DIRECTOR		8-31-85	Holly H	ills Mem.		Baltimor	2	Manyland

Bailey-Douglass Funeral Home 1348 Calhoun St.

DHMH - 16 50M 4/83 (VRA 15, 4)



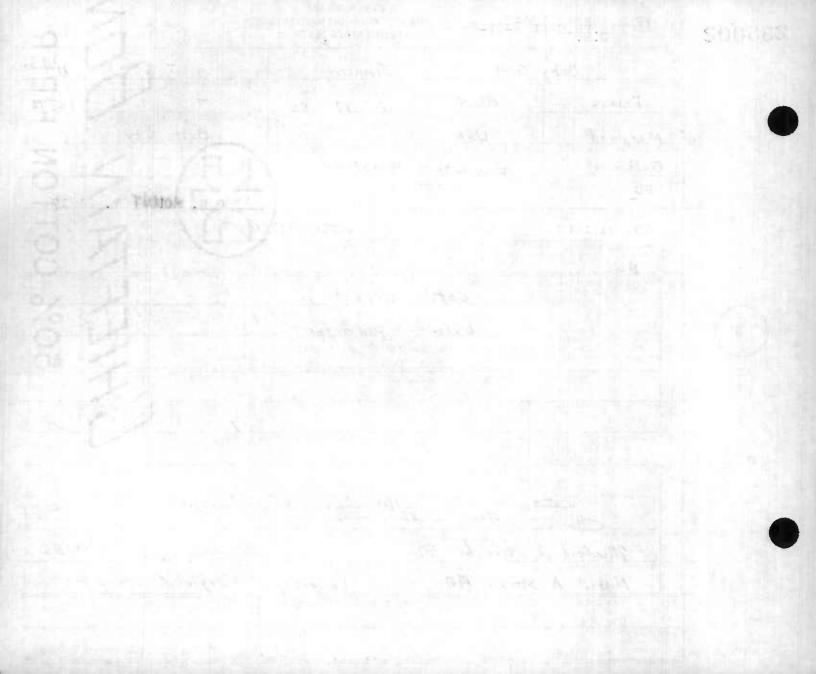
235002	STATE PER NUMBER 1348 = 21-85 DEPARTMENT OF HEALTH AND MENTAL HYGING REGISTRAR D.W. CERTIFICATE OF DEATH	IENE 5	2 2 3 2 4
24 hours ofter death. Fage 4 may be filled in by the funeral director. page 3 ould be filed within 72 hours ofter death massible based of date.	CEASED NAME FIRST MIDDLE LAST  Baby Girl Johnson  X Femalo Black S. Date of Birth MONTH DAY YEAR 7 17 85  IRTHPLACE (STATE OR LOREIGN OF WHAT COUNTRY? & MARRIED NEVER MARRIED NEVER MARRIED NOT TOWN OF DEATH  ITY OR TOWN	20. DATE OF DEATH  6. AGE (IN YEARS LAST BIRT  9. BALTIMORE CITY O  Balt  120. USUAL OCCUPATION (1YPE OF WORK FOR MOST O)  130. STREET ADDRESS /	MONTH DAY YEAR 26 HOUR  7 18 85 110 M  THOAY) IF UNDER 1 YEAR IF UNDER 24 HS  WONTHS DAYS HOURS MIN.  12 16  R COUNTY OF DEATH  TON  TON  TON  TON  TON  TON  TON  T
executed within and completely agest I and 2 shi	ATHER'S NAME  CALVIN' HOLMES  MIDDLE  LASI  WANDAS WILL  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT  SES NO OR UNKNOWN)  I (IF YES GIVE WAR OR DATES)	ME	last
gned to the transport of the behavior or the behavior or the physicion or pleo.  Burial or the transport of the movel.  Iny, or other traumatic event, the movel.	18 CAUSE OF DEATH 'Enter only one couse per line for 101, 1b, and 1c  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE 10)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last.  PART 2. OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	inal disease or coni	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
N. The law requysicion. cate has been si consi permit The Hygiene prior to	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURR	20a AUTOPSY?  YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 201
NDING PHYSICIAN of or attending physics as the buriol-troates the buriol-troates the buriol-troates the buriol-troates of the property is morked or liem 18	OR CONTRIBUTING CAUSE OF DEATH	CITY OR 10V	wn COUNTY STATE
TO HOSPITAL OR ATTER retoined by the hospito TO FUNERAL DIRECTO should be detached for with the State Dept. of H IMPORTANT: if them 21:	Obove, (I) (Re) (did) (did not) view the body ofter death.  122b. SIGNATURE  DEGREE  ATTENDING PHYSICIAN D  122d PHYSICIAN NAME (TYPE OR PRINT)  22d PHYSICIAN 222e ADDRESS	MEDICAL STAF	IAN 2 17.0783
ВР	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY  Removal 7/25/85	23d LOCATION CITY OR TOWN	COUNTY STATE  25b. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84			d: K . A . D

Balto., Md.

Anatomy Board

(VRA 15, 4)

STATE OF MARYLAND



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

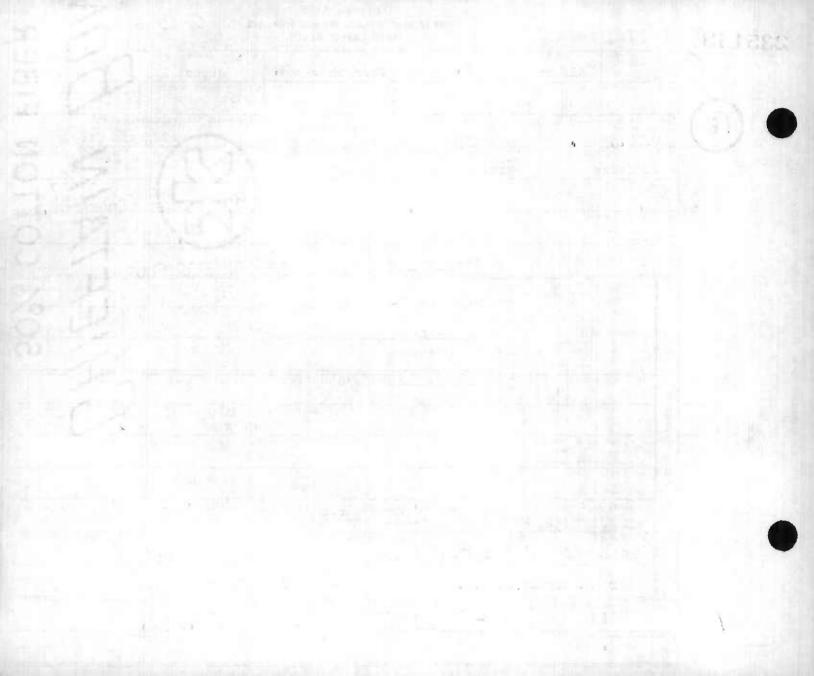
- STATE REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 7h HOUR LTYPE OR PRINTS L JR. Albert. August 18, 1985 Johnson 7:04A 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 1. 5EX WEAD 38 BLACK BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED COUNTRY) BALTO Baltimore City DIVORCED T WIDOWED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Maryland General Hospital Baltimore 136 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE SOUTHERN BAL TO IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDDIS ALBERT JOHNSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT JOHNSON 3912 SOUTHERN CROSS BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Pulmonary Congestion and Edema DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which b) Muocardiopathu gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 9n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES X NO YES DE 718 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) CITY OR TOWN August 220.1 certify that (K(this haspital) attended the deceased from JulyAugust 18 saw the deceased alive an August 18
vex K(we) (did) (XMM) view the bady after death and that in (aur) apinian death accurred an the date and have and from the causes stated DEGREE 22c DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME (THE OF PURI) 22e ADDRESS c/o Maryland General Hospital Gary W. Merritts, M.D. 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIF BURIAL

DHMH - 16 60M 7/B4

(VRA 15, 4)

COUNTY

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 44dem-173mla



BP. DHMH - 16 50M 4/83

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

REGISTRAR 1 DECEASED NAME

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

14 HOUR

	(TYPE	Bertha		Jo	hnson	A	ugus	161981	8 4
1	3. SEX	Female "	Black CITIZEN OF WHAT COUNTRY?	AU	9. 16 192	9. BALTIMORE CITY	YRS.	OF DEATH	FUNDER 2445.
0	B	altimore 14		ADDRESS)	ROTHER INSTITUTION			126 KIND O INDUSTRY	MD.  F BUSINESS OR
5	13a. S	TATE 136 COUNTY	A BOLT		13d INSIDE CITY LIMITS	404 Nort	1 01	el St.	231
	1	THER'S NAME FIRST G. MIDE	Thomps	_	Rebecci	MIDDLI	11 S. F.	Ring	gold
/		VAS DECEASED EVER IN U.S. ARMEI (ES, NO OR UNKNOWN) (IF YES, GIVE Y)			JOANN John	1 1	North Cl	hapel s	St. 21231
Į		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BIMMEDIATE C	Y. // /	1d (c).)	ua_			BETWEEN O	MATE INTERVAL ONSET AND DEATH MONLEY
		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE CONSEQUENCE CONTRIBUTION OF AN A CONSEQUENCE CONTRIBUTION OF THE CONTRIBUTION	LLC ENCE OF	elezed A	send	ONDITION CIVE	at	yes.
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF	NJURY IN ITEM 18 PA	RT I OR PART 2}	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY O	RIOWN	COUNTY	STATE
	188	220.1 certify that (I) (II) saw the discreted along obows, (I) (III) shifely (III) and (IIII) (IIII) (IIIII) (IIIIIIIII) (IIIIIIII	ottended the deceosed from	• •	od that in (my) (aur) apin DEGREE ATTENDING PHYSICIAN		TAFF		that (I) (sua) last couses stated
	22 0	6		NAME OF T		av Indiagram			
	(	Burial	8/9/85 K	ing 1		ark Balt	imore	Md	STATE
	1	eROU O. Dyett	4600 Libertess	Hahts	Ave. 250	DATE REC'D BY REGISTR	AR ZOR REGISTR	AKS SIGNAT	THE WELL

ALCOHOLD TAKES Bertagna Johnsen Heave Tilk 8: ALL MONTHS AND ACTUAL AND ACTUAL AND ACTUAL AND ACTUAL ACTUAL AND ACTUAL The transfer of the gate of a Music of the first and MA being the state of 25-51-4759 | Stemmanher of rod Merry Chapt | St. 2221 Marie Colored and LICENSE BURGES BURGES The state of the s day, something with the March at 1913 to former

4 21-	1	FOR			DEPARTMENT OF				2 2	3 0	1	
135	1-	STATE REGISTRAR		ME	DICAL EXAMIN	NER'S	CERTIFICATE	F DEATH	REG. N	10.	1	
	1. DE	CEASED NAME	FIRST		WIDOLE	,	LAST	2a D	ATE KNOWN X	MONTH 0	DAY YEAR	2b HOU
RS.T.	1	TE OKTAINI)	Blair		Stiles		Johnson		ATH MATED [	8/ 9/	/ 19 85	
E S FOR YOUR FILES.  D, WITHIN 72 HOURS  WRRESTON STREET,	3. SE	Х	4. RACE	S. DATE OF BIRTH		(EARS IF UNDAY) MONT	NDER 1 YR. IF UNDER		OUNCED	MONTH C	AY YEAR	1:00
N Z S	Fe	male	White	Jan. 13.		YRS.	ns DATS HOURS		EAD	8/ 9/	/ 19 85	P
Z Z Z	7a B	IRTHPLACE (ST		76 CITIZEN OF W		B MADD	IED NEVER MARR	IED TE 9 BA	LTIMORE CITY	OR COUNTY		
2 5 8 W	1	PREIGN COUNTRY) Handura	25	U.S.	Α.		VED DIVORC		altimore	City.		AA
F FILED.	10 C	ITY OR TOWN		11. NAME OF HO	SPITAL, NURSING HOM	AE, OR OTH		170. USUAL O	CCUPATION (TY	PE OF WORK 12b	KIND OF BU OR INDUSTE	SINESS
850		Baltim	ore		acility, give street address)		ock Trauma	Lands	cape De	signer		
02/75		AL RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, G	GIVE RESIDENCE BEFORE ADMISS	SION)				01		- 0
CANAL RECORDS		MD		tgomery	Potomac Potomac		AES TK NO T	9410	Thursh :	Lane 20	854	
4/	14, F	ATHER'S NAME		MIDOLE	LAST		15. MOTHER'S MAIDE	ENNAME	WIODLE		LAST	
10		Charle		В•	Johnson		Jean	Tripe - 1	В•		Beard	= -
10 NO	160	WAS DECEASED YES, NO, OR UNKNO	DEVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECURI		17. INFORMANT		ADDRES			
and the same of th		No			453-96-25	30	Charles	B. John	son Sam	e as it		
	)	18 CAUSE O	ATH VALAC CALICE	CD DV	e for (o), (b), ond (c).)						APPROXIMATE BETWEEN ONSET	
東京	1	912	IMMEDIA	ATE CAUSE (a)			<u>le Injuries</u>	5				
NEW		0'0	is, if any, which		R AS A CONSEQUENCE	OF						
EAL SE		gave ris	e to immediate	e / (b)	1000							
Zo.		couse (o) lying cou	stating the <u>under</u> se last.	DUE TO, OF	R AS A CONSEQUENCE	OF						
00				(c)								
WAN	,	PART 2 DTHER SIG	SNIFICANT CONDITION	CONTRIBUTING TO DEATH	DUT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN IN PA	RT I tot.	0 111			
38+	CERTIFICATION	19a. DATE OF	OBERATION	Liai conin	ITION FOR WHICH OPE	DATIONIN	145.05050014500					
OR TO BURIAL	Ş	170. DATE OF	OFERATION	198 COND	IIION FOR WHICH OFE	KATION W	AS PERFORMED?			1	INSTAN	r _
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10/		LINDERLYING	1700	HOUR A.A	M. MONTH DAY YEA	AR	OW INJURY OCCURRE					
20/	MEDICAL			DEATH 10:200			bject drive	er lost	control	l hit ar	nother	auto
55		21d INJURY C		STREET, FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION STREET		OR TOWN	COUNTY		STATE
285	1	AT WORK	NOT WHILE >	r	oadway		vern Bridge	e Rd., 1	Anne Aru	undel Co	o., Md	
290		22a. I certif	y that I took char	goglif the remains de	INST7	AUT,	sy X. Inspection	n . Inc	uiry . o	nd in my apinio	n	
	1	death resulte	ed from: New	bank 1	Accident X, S	vicide		Undetermine		,		
AR	1		1	1/ 1/			TITLE (SPECIFY)					
2		ACTUAL SIGNATURE_	X	1111		N	.D. Assistant	MEDICALE	XAMINER	DATE	8/10/8	85
V ORE			-	0		~			THE STATE OF THE S	3,0,1120=		
ME A	1	(TYPE OR PRIN	NAME Gre	egory R. K	Kauffman, M.	D.	ADDRESS	111 Pe	enn St		927.0	
44 _	23o.1	SURIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. NAME OF CE			23d LOCATIO	ON	COULTY		
		Crematio	on	8/13/85	Cedar	Hill	Crematory	Suit	land, M	D	STA	AIE
17	24.1	UNERAL DIREC	TONOseph	Gawler'	Sons, Inc.	-616	25a. DATE		STRAR 256 REC	GISTRAR'S SIGN		
		5130	WI Ave	· NW Wash	., DC 20016		AUG	月 0 100	5 course	Savidson	Mandall2	
MH - 17 (15 ME (5))		EXAMINER'S (TYPE OR PRINTSURIAL, CREMATSPECIFY) Crematic	On TORTOSEPH	8/13/85 Gawler	Cedar	.D. EMETERY C	ADDRESS OR CREMATORY Crematory	111 Pe	enn St. DN Land, M.	D	ST.	TAT

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

22323

REGISTRAR			REG. NO	ple.
DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAT	YEAR 25. HOUR
Calvi	ln J	ohnson	8 /24/85	
SEX	4. RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
Male	Bla <b>c</b> k	10/28/17 YEAR	67 YRS.	NTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN 7	6 CITIZEN OF WHAT COUNT	TRY? 8	9 BALTIMORE CITY OR COUNTY O	FDEATH
Md.	USA	WIDOWED DIVORCED	Baltimore , Cit	-У м
	(IF NOT IN SUCH FACILITY, GIVE ST		120 USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WORKING LIFE]	126. KIND OF BUSINESS OF
altimore		t 20 th Street	Minister	Church
UAL RESIDENCE (IF NURSING HOME OF C			13e.STREET ADDRESS / ZIP CODE	CHILD THE WITH
Md.	Balto		11 W. 20th Stree	t 21218
FATHER'S NAME FIRST M	AIDDLE LAST	15 MOTHER'S MAIDEN N	AME	
Thomas	Johnson	Annie	Johnson	LAST
WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL S		ADDRESS	
[YES. NO OR UNKNOWN] (IF YES. GIVE	218-10	-5835 Estelle Joh	nson 11 W. 20th St.	apt. 14 T
18 CAUSE OF DEATH (Enter only			TOOL II W. LOCK DC.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED	BY:	a Imanca Horsen		
	DUE TO, OR AS A CONSE	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	IN PART I:0
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WH	HICH OPERATION WAS PERFORMED	" IN CERTIFYIT	VERE FINDINGS USED NG CAUSES OF DEATH?
21a, ACCIDENT WAS UNDERLYING	215. TIME OF INJURY	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART	
OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR		
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21s PLACE OF INJURY	216 LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF		CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this hospital	ol) attended the deceased fro	om Au 05 ~11 1985	10 AMUST 2/ 19	55 , that (II (we) lo
sow the deceased alive on above (1), we) (did) (did not)	Argust 21	9, and that in (my) (our) opinio	n death occurred on the date and hour o	
226. SIGNATURE	view the body outer death.	DEGREE		22c. DATE SIGNED
1280 /s	m n	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/27/-
TZO PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	_ DIRECTOR _ FHISICIAN []	19/85
Lynn U	odner,	M.D. Universi	hy Hospital	
BURIAL, OREMATION, REMOVAL	236 DATE	230 NAME OF CEMETERY OR CREMATORY		
Burial	8/29/85	Mt. Auburn Cem.	Westport	Md. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Chas.A.Rice FSPA 1300 Eutaw Place

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
AUG 3 0 1985 AUG 3 0 1985

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240	6069	1-	STATE REGISTRAR				EXAMIN			250	St. Are	6	REG. NO	3	2	9	
1-			CEASED NAME	FIRST		WIDDLE	150		LAST		20 [	DATE KNO	OWN	MONTH	DAY	YEAR 26 HC	U
0	JRS. ET,			Eric				Johr			D	EATH MA	TED X	8/	24/19		
	STREE STREET	3. SE)		RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE.			IF UNDER 2		DATE		HTMOM	DAY	YEAR 12 HO	4
	N ZOUR	-	ale	Black	11 19	52		RS.				DEAD		8/	25/19		/
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	THE FUN	)0. CI	TY OR TOWN O		11. NAME OF HOSE (IF NOT IN SUCH FACE	ILITY, GIVE S	TREET ADDRESS)			TION	FOR MOST	OCCUPATION OF WORKING	ON (TYPE O	FWORK		OF BUSINESS NDUSTRY	
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BALTIMORE, MD.	DEATH.	)	Willia			nnso			N <sup>F</sup>	R'S MAIDEN IRST Orma	NAME	MIDDLE	M	orse	e 11 <sup>LAS</sup>	ī	
ALTIMO	URS AFTER I	(Y	VAS DECEASED ES, NO, OR UNKNOW NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		- 56 - 8		Frai	<sub>ncine</sub>	John		ddress 480	3 L	orel	ly Av	e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	EXECUTED WITHIN 24 HOL NG" IN PENCIL IN ITEM 11 OLE EXAMINER ALONG BURIAL- TERMI I AND MENTAL HYGIENE, AATION, OR REMOVAL	z	Conditions gove rise couse (a) s lying cause	ITH WAS CAUSE  IMMEDIA  , if ony, which to immediate toting the under- elast.	TE CAUSE (a) ASDUE TO, OR (b)	Sphyx as a con as a con	ia by I	OF OF				and S	smothe	erin	BETTAKEE	oximate interva n onset and de	ATH
EC	AEALTH-CREAT	CERTIFICATION	19a. DATE OF C	PERATION	19b CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					ZO AUT	OPSY?	
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DIVISION OF V	HIS CERTIFICATE WRITING THE WARDED TO THE AGE 3 SHOULD BATE DEPARTMEN	MEDICAL CERT	21d. INJURY OF	XXOR G CAUSE OF	DEATH ? P.M.	MONTH 8/ FINJURY		5 st 211 100 3 38(	bject	occurred strar . Sinc	ngled	Y OR TOWN		COU	T 2)	STA	
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BACE 4 SHOULD BE PORN TO FUNERAL DIEETOR: PAFIER DEATH, WITH THE SI BAUTIMORE, MARYLAND, 2	/	death resulted  ACTUAL SIGNATURE  EXAMINER'S N (TYPE OR PRIN	AME Gre	egory R. Ka	Accident	nan, M.		Hamic TITLE (SI D. ASSI	stant 111	Undetermin MEDICAL  Penn	EXAMINED	, [],	DATE SIGNED		/26/85	
		23e.B	Burial	ON, REMOVAL	23b. DATE 8/30/85		ing M				By a 10	t'i mo	re	COUN	TY	M DTATE	
07/84 25M	BP		UNERAL DIRECT	OR						25e. DATE RE							
	DHMH - 17 (VR A15 ME (5))	W	m. C.	March	F/H TTO	1 E.	Nort	h Av	e.	AUG	2919	85	and Da	Mason	- Man	date	

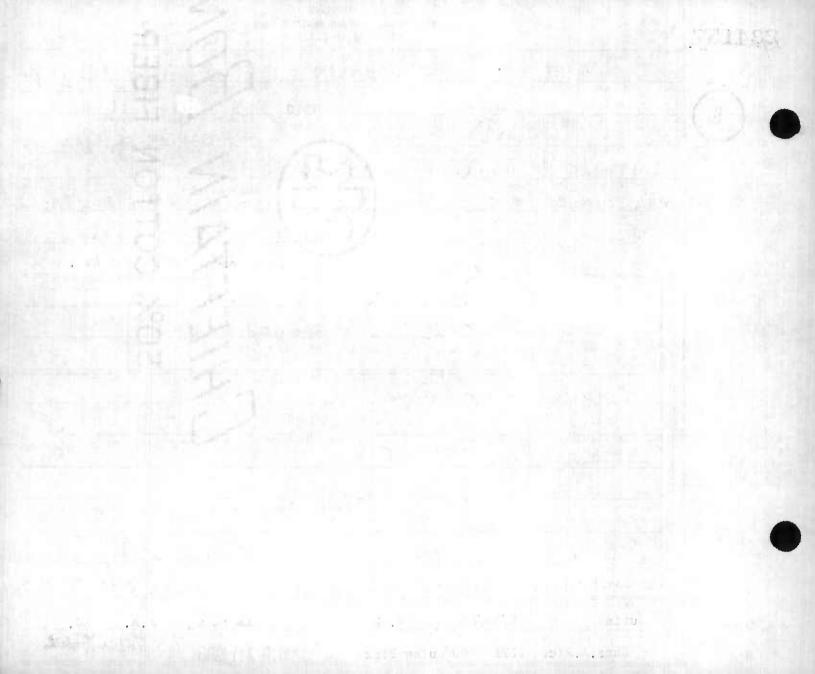
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NA PROPERTY				MONTH DAY	YEAR	LAST BIRTHDA	MONT		Hours		PRONOU	NCED	0/	10/	19 85	12:3
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NON NO	USUA	Baltim AL RESIDENCE III	ore	E OR OTHER INSTITUTION, GIV			)NI		_	Mar	ylan	d Air	Natio	nal	Guar	rd
SEEDE B	13e S	TATE	136 COU		13c. CITY	ORTOWN		13d. INSIDE C		13e. STRI 122			an C1		- 2	1224
- F. S.		ryland			Вал	timore			NO .			Clint	on st	ree	L 2.	1224
2000	1	FIRST		MIDOLE	Tok	LAST	C	F	eanor			H.			ffitl	h
Co to -		ROY	EVER IN U.S. A	G.		inson,		17. INFOR/		е		-	6201			
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		lying couse	e lost.	(c)												
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VISION STANDARD	MEDICAL	21d INJURY O	CCURRED	21e PLACE C STREET, FACT	ORY FARM I	(AT HOME,		CATION		3	CITY OR TO	)WN	cc	YINU	SIDS	STATE
E S A S E C	2	WHILE AT WORK	AT WORK	X .	ome		122	N. C	linto	n St		ilto. (				
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XAAA ERTI BID B WITE ARY		10000000		TY	1				SPECIFY)							
AL MAIR		SIGNATURE_	2	91	1		N	D Ass	istan	t MED	ICAL EXA	MINER	DATE	ED	8/19	/85
NER STEET	Y	EXAMINER'S N	IAAAE	· ·												
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE; PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYIAND, 2		(TYPE OR PRIN	r) <u>Grec</u>	gory R. Kau				ADDRESS_		1 Per		•				
522549	23 a. B	URIAL, CREMATI	ON, REMOVAL			NAME OF CEA			ORY	CITY	CATION		COU			ATE
BP		rial	00	8/22/1985	(	Gardens	Of		26. DAY-		Ltimo		ICTD ADIC		laryl	and
DHMH - 17	Z4 F	NAME	Duda-	Ruck, Inc.					Z30. DAIE	KEC D. BY	KEGISTR.	AR 25b. REG			OKE	
(VR A15 ME (5)) 20M 4/B2	70	22 Wise	Avenue	Dunda	lk,	Marylan	d 2	1222	AU	621	1985	Hima	Durd	101-P	drides	2

AND I SOUN I - A PRINT

								OF MARYLA							
21	1070		FOR STATE			DEPART	MENT OF HE	ALTH AND M	IENTAL H	YGIENE	2	0	1 49		
24	Froso		REGISTRAR		ME	DICAL	EXAMINER	'S CERTIFI	CATEO	FDEATH	REC	G. NO.	U D		
			CEASED NAME	FIRST		MIDDLE		LAST		20. DA	TE KNOW	NYY MO	ONTH DAY	WEAR 2b HO	U
	W-1-24015	(TYP	OR PRINT)	T	D-	010.		Talamaan			F ESTI-			0.	
	SE S	3 SEX		Lew.	15. DATE OF BIRTH	rsey	AGE (IN YEARS	Johnson IF UNDER 1 YR.	IF UNDER			MON	8-20	19 85 YEAR 24 HO	1
	<b>多克克夫</b>	J. JEA		4. RACE	MONTH DAY	YEAR	LAST BIRTHDAY)	MONTHS DAYS	HOURS	MIN PRON	OUNCED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 - 1	
	\$400E8		ale	White	3 13	43	42 YRS.			Di	EAD		8-20	19 85 p.	A
-	SA IS		RTHPLACE (ST	ATE OR	76. CITIZEN OF W	HAT COUN	VTRY? 8.	MARRIED T NI	EVER MARRI	FD 9 BAL	TIMOREC	ITY OR CO	DUNTY OF	DEATH	
	DAS PRO		vland		U.	s.		DOWED -	DIVORCE		altim	ore C	itv.		AA I
_	EMMES .		TY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NU	IRSING HOME, O	OTHER INSTITU	UTION	120 USUAL OC	CUPATION	TYPE OF W	ORK 12b K	IND OF BUSINESS	711
	KEREN /		Baltimo	×0	(IF NOT IN SUCH F.		street address) rood Aven	110		Carpe	WORKING LIFE	()		OR INDUSTRY nstructio	'n
		USUA	L RESIDENCE		E OR OTHER INSTITUTION, G			iue		Carpe	HICCL		1001	13 01 00 010	4.1
2120	る能量の人	13a, S		13b COL	INTY		YORTOWN			13e STREET AD			2	21207	
	1 15 美華		Md.			Вал	Lto.	YES 🗌	NO 🗌		Beech	wood	Ave.	21207	
ME	1	IA FA	THER'S NAME		WIDDLE		LAST	15. MOTH	TER'S MAIDE	NNAME	MIDDLE			LAST	
#	SHOW TO	1	Willia			hnsor			Arlene			200	Jack	kson	-0
IMO	N S I	16a. V	AS DECEASES	DEVER IN U.S. A	RMED FORCES?	166 SO	CIAL SECURITY N	D. 17. INFOR	MANT			RESS	55 N	LarkBrow	72
ALT	JRS AFTER S. GIVE P. WITH FOI I. PAGES DIVISION		Yes		963-65	214	1-46-6118	Mr	s. Joa	nn John	son	Ellíč	ott (	LarkBrow City, Md.	
	B. B. C. WIT. P. DIV.		18 CAUSE O	F DEATH (Enter	anly one couse per line	e for (o), (b	), ond (c).)							APPROXIMAN KATOLA	
ST	N S S S S S S S S S S S S S S S S S S S		PARTIDE	ATH WAS CAUS	SED BY: IATE CAUSE (a)	hota	in wound	of Head					861	TWEEN ONSET AND DEA	CIP
0	Serior Se		- 165	IMMEDI			NSEQUENCE OF	OI TICEG		-					_
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6	NA AN		lying cou			A3 A COI	43EQUENCE OF								
5,2	NO A MAIN	A			(c)										
RECORDS	BE EXEMPLING EDICAL S A BU LITH AN	7	PARI Z UTHER SI	MIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PAR	17 1 10					
2	- 5 4 4 U -	CERTIFICATION													
7	RD "PR HIEF / USED OF HE	S	196. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPERATI	ON WAS PERFO	RMED?				20	AUTOPSY?	
=	N N N N N N N N N N N N N N N N N N N	E											13/1	YES NOX	X
- N	FZEOMO	8		L CAUSE WAS	21b. TIME O HOUR A.A		DAY YEAR	TE HOW INJUR	Y OCCURRE	D LENTER NATURE	TI MI YAUKMI TO	EM 18 PART 1	OR PART 2)		
DIVISION OF	A TANAMAN	3	UNDERLYING CONTRIBUTION	NG CAUSE O		_	20 19 85	subject	t shot	himsel	f				
/ISIG	CERTING TING 3 SH DEPA DEPA	MEDICAL	21d INJURY C		21e PLACE		(AT HOME, 2	II. LOCATION							_
á	REDE REDE SOIP	2	WHILE C	NOT WHILE	YY .	TORY, FARM, I	ETC.)	STREET	oogbrio	od Ave.	Dol+	imoro	COUNTY	stat Anclore	E
	E, WAN				7						, Dail	THOLE	Mai	yrand	-
	EXAMNER: CERTIFICATI FULD BE FOR UNIBECTOR: (, WITH THE: MARYLAND		22a. I certif	y that I toak cho	irge of the remains de	scribed ob		Autopsy .	Inspection	XXI. Inqu	uiry L.,	ond in m	my opinion		
	ME HE HE	Le	deoth resulte	of fram: Na	tural causes 4.	Accident	Sureid	X, Hom	icide .	Undetermined	d manner	<u>.</u> .			
	MAR.		ACTUAL /	1/2.	" UKA	. Y	da Ma	ITLE (	SPECIFY)						
			SIGNATURE.	Ulli	MA IX 1	nue	11000	M.D ASS	istant	MEDICAL EX	XAMINER	D. SI	ATE IGNED	8-21-85	
	LEDICAL E  UTETHE  A SHOU  NERAL  R DEATH, MORE, N		EXAMINER'S	NIAME -		4.							7		
	* SHEEF		(TYPE OR PRIN		ennis F. S	myth,	M.D.	ADDRESS_	111 P	enn St.	, Bal	to.,	Ma.	21201	
	DAY OF A	23a. B	JRIAL, CREMA	ION, REMOVAL	236 DATE	23€.	NAME OF CEMET	ERY OR CREMAT	ORY	23d. LOCATIO			COUNTY		
07/84	BP	10	rematio	10	8 - 23 - 8	5 W	estriew	Men.	PK	Calor		. 7	Ballo	. Md.	
25M			JNERAL DIREC				Ray	268	250. DATE R	EC'D. BY REGIS		RECOURA	R'S SINIA	TERRE "	
	DHMH - 17 (VR A15 ME (5))	5	OCK F	710001	ADDRES!	FILER	# CLLA	12 21043	ALIG ?	7 1085	Tille	Barres	av-Now	1	
	1 11	-	The Third	VITTER	1 10111	I ( I ( A)	11 11 11	ILI LICINI	4 24 1 1 1 1	5 E IN					

5	T	A	TE	OF	M	AR	YL.	AN	D	
	-	_					-			

				STATE OF MARYLAND		
157	1.	FOR STATE	DEPAR	RITMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	IGIENE 5 2	2 3 3 2
LOT		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1		MARY	М.	JOHNSON	8	14 85 1.15PM
-	3. SE	(	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1		FRMALE	BLACK	02 02 1910	74 YRS	MONTHS DAYS HOURS MIN.
. )	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE CITY OR COUN	
310		COUNTRY)	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED		TORE CITY MO
t po		TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
3		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STR UNIVERSIT		(TYPE OF WORK FOR MOST OF WORKING	INDUSTRY
pe .		AL RESIDENCE (IF NURSING HOME C	ROTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		
SP C	130	TATE 13b COU	The second secon	MORE YES NO	130 STREET ADDRESS / ZIP CO	TVE BALTO MY, 21
neri	14 F/	THER'S NAME	LIMONE IZALI	15. MOTHER'S MAIDEN N		TVE IJALIO MID, AI
E 000		FIRST	MIDDLE LAST	FIRST	WIDDIE	LAST
0	160.	WILLIAM VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRESS	TANN
medico			VE WAR OR DATES) 214-54			rgyle Ave.
- / -				3.013.1	recplication 500 1	
t, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (o), (b).		11.4.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve		IMMEDIA	TE CAUSE (o)	reculor FLOX	illation	
notic	- 7		DUE TO, OR AS A CONSEC	DUENCE OF	. 1. 1	
0		Conditions, if any, which gove rise to immediate	( 1b) acut	e 10n-cymphou	stic benkemia	
heri		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF		
or of			( (c)			
, Yu	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION C	GIVEN IN PART 110
, ——	5	Congestav	e Heart Fa	elul.		
50	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH2
No /	RTI				YES NO	YES NO
18		210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE		DAY YEAR 216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
Hea	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
o pa	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
orke	-	AT WORK AT WORK				
S mo			ital) attended the deceased from	m : mad	10 8/14	19 85 that (1) (we) las
7		sow the deceased alive a abave, (1) (we) (did) (did n	ot) view the body oftel death.	8. ond thoy in (my) (our) opinio	n death occurred on the date and h	dui and from the causes stated
i i		22b. SIGNATURE		DEGREE		22c DATE SIGNED
=		Chandre 1	rapash & clas	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
Z		274 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
MPORTAN		CHANDRA	PRAKASH BI	ELANI MANY.	of M.D. Hosh	Batto. Mr 21.
₹	23a 1	URIAL CREMATION REMOVA		NAME OF CEMETERY OR CREMATORY	1 23d LOCATION	
		SPECIETY Burial	8/20/85	Mt. Zion	CITY OR TOWN	COUNTY STATE
		JNERAL DIRECTOR	0,20,00			A. Md.
7/84		NAME	e FSPA 1300 Eu			Davidson-Mandall
)		JIIGO .II. IC	C IDIA 1300 Eu	Law Trace	00 8 U 1900 A	



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FOR STATE REGISTRAR		DEPARTM	ENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 5	2 2	3 3	3
TYPE OR PRINT		AIDDLE		(AST	20.01.12.01.02.11.1	MONTH D	AY YEAR	26 HOUR
3. SEX	4. RACE		S. DATE (		6 AGE (IN YEARS LAST BIRT	HOAY}	IF UNDER I YEAR	IF UNDER 24 HRS
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore City of		OF DEATH	MD
Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 130. STATE		Baltin	٧.	134 INSIDE CITY LIMITS?	130 STREET ADDRESS /		572	1229
14 FATHER'S NAME FIRST	MIDOLE	Z = h p 5	63	15 MOTHER'S MAIDENNA	MIDDLE		SV	e e
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	217-09	RITY NO.	17 INFORMANT	ADDRE	SS		
18 CAUSE OF DEATH (Enter		line foi io), (by, ogo	lici.i	-1			BETWEEN	IMATE INTERVAL ONSET AND DEATH

IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF CO HT, Pens Park Friland Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ NOF YES [] 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM, ETC.) STREET WHILE NOT WHILE 22a.1 certify that (I) (this haspital) attended the deceased from sow the deceased plive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF

BP\_\_\_\_\_ DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

old be detached the State Dept

MPORTANT

23a. BURIAL, CREMATION, REMOVAL

SPECIFY BURIAN 8-17-85 ARBUTUS MEM. FK. BATTIMURE MARYCAN

24 FUNERAL DIRECTOR

BROWN HOMESON F. H. 1913 W. BATTO. ST. AUG TO 1005

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23c. NAME OF CEMETERY OR CREMATORY

EM BUNDON

228 ADDRESS

PHYSICIAN E

DIRECTOR PHYSICIAN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAR

## STATE OF MADVIAND DE

JIMIL OF MAKILAND		
PARTMENT OF HEALTH AND MENTAL HYGIENE	5	
CERTIFICATE OF DEATH		

2 2 3 3 4 REG. NO.

1/	1 DEC	CEASED NAME	FIRST	,	AIDDLE		LAST		20 DA	ATE OF DEATH	MONTH	DAY	YEAR	26 HOU	IR
-	R C	OSIE (	Rose	) E.	J	ohnson					8	24	85	8:3	OAM
	3. SE)	(		4 RACE			TE OF BIRTH		6. AGE	IN YEARS LAST	BIRTHDAY)	IF UNDER	R 1 YEAR	IF UNDER	
		EMALE		BLACK			°7"/301	25 YEAR	5	9	YRS	MONIHS	DAYS	HOURS	MIN.
	7a BII	RTHPLACE ESTATE OR FO	REIGN	75 CITIZEN OF	WHAT COUN	VTRY? 8			9 BAL	TIMORE CITY			ATH		
2	ME	RYLAND		U.S.	Α.			ER MARRIED			-	1-161			
		TY OR TOWN OF DEAT	· L.1	11. NAME OF			OWED DATHER	DIVORCED		altimor		100	VIII 0	F BUSINE	MD
4		altimore Ci			H FACILITY, GIVE	STREET ADDRESS	)	142111011014		OF WORK FOR MOS		LIFE) INDI	USTRY	r BUSINE	:55 OK
	USUA	AL RESIDENCE (IF NURSIN	IG HOME OR	OTHER INSTITUTION					-						
3	$M\mathbf{A}^{3a}\mathbf{A}^{S}$	RYLAND	136 COUN	ITY	BALT	rydre	YES T	DE CITY LIMITS?	131 S	REE ADDRES	33rd	DE 1 Sti	ree	t 21	218
	14 FA	THER'S NAME					15 MOTH	HER'S MAIDEN N	AME						
S)	Τ.	EROME MAI		MIDDLE	LAS	51	TO THE T	FIRST	EDEE	MIDDLE			LAST	T	
7		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL	SECURITY N	O. 17. INFO		FREE		ORESS				
4	- 1	ES, NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)							_				
	-	no			212-2	26-825	41 ROB	ERT JOH	HNSO	N 181	9 E.				21218
		18 CAUSE OF DEATH PART I. DEATH WA	Enter an	ly ane cause per	fine far (a), (	b), and ic	1.		-			85	TWEEN	MATE INTER	DEATH
	6.			E CAUSE (a)	Ca	rdiopu	emons	ry arre	si .						
		Berthall Co.		DUE TO O	R AS A CON	SEQUENCE C		1							
		Canditians, if any,	which	( 1b)											
	18	gove rise to imme	ediote												
		underlying cause		DUE TO, OI	RASACON	SEQUENCE C	)F								
		2.01.0.01.05.01.01		(c)											
	z	PART 2 OTHER SIGN		^ -			BUINOIRELA	ATED TO THE TER	MINALD	ISEASE OR CO	NOTITION	SIVEN IN P	'ARI III	3	
-	TION	Ano		Brain	4)41	mase	71001144600		Lan	ALLIODEVA	Tons IC 1	VEC MEDE	CINION	loc use	
9	FICA	190 DATE OF OPERATI	ON	196 COND	TION FOR V	VHICH OPERA	TION WAS PE	REGRMED	200	AUTOPSY?		YES, WERE RTIFYING C			
1	E									NO[		YES 🗌		NO [	
9.	CERT	210. ACCIDENT WAS UNDE	_	216. TIME O		H DAY YE	21c. HO	W INJURY OCCUI	IRRED (E	NTER NATURE OF I	VJURY IN ITEM I	IS PART : OR	PART 2)		
7	AL.	OR CONTRIBUTING CA		10			19								
•	O.	214 INJURY OCCURRE		21e PLACE			211. LOC						-		
	2	WHILE NO! WHILE	3.	(AT HOME, STR	EET, FACTORY, C	OFFICE, FARM. ETC	1	TREET		CITA OF	TOWN	COU	INIT	5	TATE
		AT WORK		and a standard sh			8/17	10 85		8/24		10 83	5	1 /3	->1- A
		22a.1 certify that (I) (		CV 1 . W	e deceosed	10 JS	and that is	(my) (aur) apiniar	a doath a	- O / - I	desc and b	. 17	-	inal (II)	we) lost
	1	obave [1] (we) spi	di tdid no	) view the body	after death.	17		(dor) apinar	n deam o	ccurred an me	date and n				area
		m signature /	/				DEGREE	ATTENIDING	AAED	JCAI C	TAEC	220	DATE	SIGNED	
		Robert Va	-				M.D.	PHYSICIAN		CTOR PHY	TAFF SICIAN	-			
-		22d PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADI	DRESS		ATT 2					
1	1	Robert V	issir	ıg			Unio	n Memori	ial H	ospita	1				
	230 8	URIAL, CREMATION, R	EMOVAL	236 DATE		23c. NAME C		OR CREMATORY		LOCATION		- 10			
	BU	RIAL		8/29/	85	BALT	TMORE	CEMETR	77 R	ALTIM		TVDAT			TATE
	_	INERAL DIRECTOR		3/2/		1 DILLI	LHORD	250 DA	ATE REC D	BY REGISTR				HDE	
4	W	M. C. MAR	CH F	/H 110	1 E	NORTI	AVEN	HE 7	AHC	2 8 198	- A F	- CO	-	The man	190
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 248101 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L.DECEASED NAME KNOWNXT DAY LIYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, JOHNSON SARAN SARA 4 RACE DATE OF BIRTH A. AGE (IN YEARS | IF UNDER TYR. 3. SEX IF LINDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOLINCED 7:04P 8-29-85 29 6 DEAD caucasian 60 female TE CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRY) Baltimore City Maryland IISA DIVORCED M 3. RETAIN PAGE 5 2 SHOULD BE FILED, ITAL REGORDS, 201,W ID CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Johns "Hopk ins "Hospital Baltimore Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 136 COUNTY 13c. CITY OR TOWN 113e STREET ADDRESS **Baltimore** Baltimore 132 S. Washington St. Balto. Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ES I. 18. GIVE PAGES 1, WITH FORM PM.

IT. PAGES 1 AND 2, DIVISION OF WITH FIRST MIDDLE Smith, Sr. Lula Mae Slacum. Howard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT RtoprissBox 230 (YES, NO. OR UNKNOWN) unknown Easton, Md. 21601 NO Shirley T. Smith TING THE WORD FERENCE EXAMINER ALUMENT SENDER SENDE APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY AN CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTHMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE AT WORK Inspection X 220 I certify that I taak charge of the remains described obave, held an Autapsy Inquiry and in my opinion death resulted fram Notural couses Undetermined manner TITLE (SPECIFY) 8-30-85 ACTUAL DATE Assistant SIGNATURE 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23g BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 8-31-85 Dorchester Memorial Park Cambridge Md. Dorchester 07/84 25M 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 125h. REGISTRAR'S SIGNATURE **DHMH** - 17 Newnam Funeral Home SEP Easton, Md. (VR A1S ME (5)) , una waydoon- gandette

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 227131 OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN X MONTH DAY 26 HOUR (TYPE OF PRINT) OF ESTI-DEATH MATED D 3 TO THE FUNERAL DIRECTOR.

AIN PAGE 5 FOR YOUR FILES.

ILD BE FILED, WITHIN 72 HOURS

ORDS, 201 W. PRESTON STREET, Wilbur 19 85 (William. Johnson Lewis DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 28 26 DEAD Male Black. 59 19 85 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED EOREIGN COUNTRY) MD USA DIVORCEDX Baltimore City IB. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
2200 Lynnbrook Ave. OR INDUSTRY Baltimore Bus Driver USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 2200 Lynbrook Avenue 21217 MD Baltimore YENX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Harris Clarence Mary Johnson 166 SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Washington (YES WO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-22-6885 Mary Ann Cooper 400 W. St. N.E. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION NE, WRITING THE WORD THE SEWARDED TO THE CHIEF RE, PAGE 3 SHOULD BE USED. THE STATE DEPARTME. IN CHIEF PROPERTY OF SERIOR PRICES TO SERIOR TO SERI 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO . 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE STA Autopsy X 22a. I certify that I taak charge of the remains described above, held on Natura causes Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** 8/5/85 Assistant MEDICAL EXAMINER DATE SIGNATURE 4 47 6 EXAMINER'S NAME 111 Penn St. Gregory R. Kauffman, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE (SPECIFY) Sharptown Cem Burial Rock Hall 07/84 BP 25M 24 FUNERAL DIRECTOR 21661 **DHMH - 17** James A. Perkins - Rock Hall. Md. (VR A15 ME (5))

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE 5

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	1 -	1 - FOR STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGJENE 2 2 3 3 7								
		CEASED NAME FIRST WILLIA	AM WIDDLE		tast FN20N		0-85 8:45 A			
	1.50	M	4 RACE 75	3-2	DF BIRTH H DAY YEAR 0-15	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS			
1		STATE OR FOREIGN  TULAND	76. CITIZEN OF WHA	COUNTRY? 8 MARRIE	D NEVER MARRIED DINORCED	Baltimore City or COUNTY  Baltimore City				
6	10. CI	ty or town of DEATH  Ltimore	11. NAME OF HOSP (IF NOT IN SUCH FACIL Lutheran	OR OTHER INSTITUTION	128 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Retired					
5	May	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!	OTHER INSTITUTION GIVER		134 INSIDE CITY LIMITS? YES X NO -	1363 N. Calhour				
Ž.		arles D. Johnso	MIDDLE	LAST	15. MOTHER'S MAIDEN NAME FIRST	ME MIDOLE R.	Jackson			
1	.0	VAS DECEASED EVER IN U.S. AR VES, NOOR UNKNOWN) (1F YES, GIN W II 1943	E WAR OR DATES)	SOCIAL SECURITY NO. 16-03-4430	Susie J. Nash	ADDRESS 1374 N. Calhour	st 21217			
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) SHOCK, SEPTIC  MMEDIATE CAUSE (a)								
1		Spnditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF (b)  DUE TO, OR AS A CONSEQUENCE OF (c)  DUE TO								
	NO.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-								
9	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERATIO	N WAS PERFORMED	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO				
7		216. ACCIDENT WAS UNDERLYING								
	MEDICAL	21d INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	Ť	220 I certify that (1) (this hospital) attended the deceosed from 19 to								
	H	226 SIGNATURE  DEGREE  MID. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8/30/85								
1		BICH T D	UONG		LUTHERA	N HOSPITAL				
	23a B	DURIAL, CREMATION, REMOVAL SPECIFY)  Burial	23b. DATE 9-3-85		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN OWINGS MILLS	county state			
•	1200	ineral director iley-Douglass F	uneral Hon	ADDRESS	25a DATI	E REC'D. BY REGISTRAR 256 REGIST				

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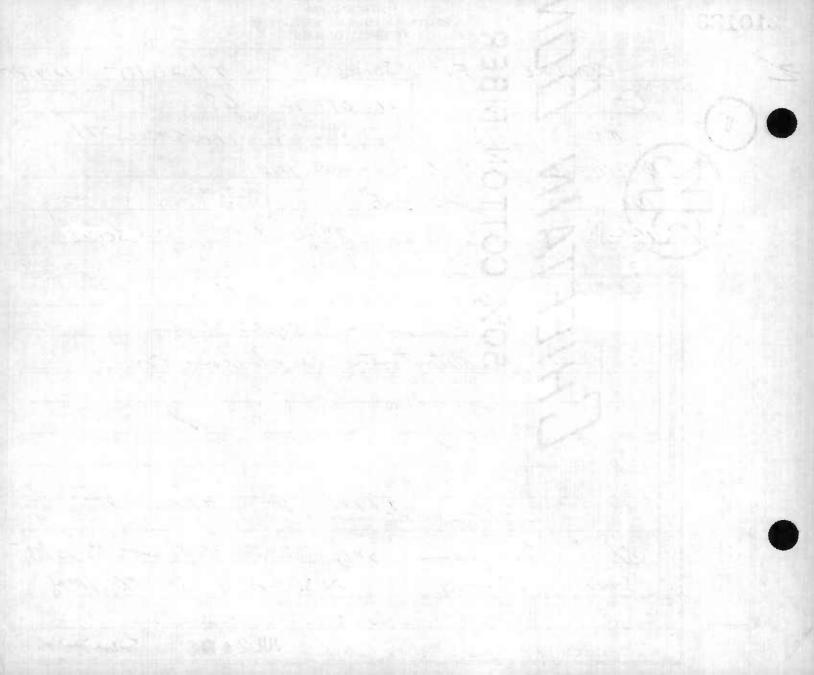
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Leonard J. Ruck. Inc. 5305 Harford Road 21214

(VRA 15, 4)

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#### STATE OF MARYLAND

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The Rt. o. W. C. o.				1 1	

	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MEN		ENS 5	2 2	3 4	U
		CEASED NAME FIRST	MADLYN		JONES		,		MONTH DA	Y YEAR 2	h HOUR
	{ I Y PE	OR PRINT) EMMA						AUGUST 15,	1985	В	;10P M
	3 SEX	(	4 RACE		5. DATE OF BIRTH			6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	133	Female	Black	Black		MONTH -10-24		61	YRS	ONTHS DAYS	HOURS MIN.
9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		8. MARRIED NEVER MARRIED		DIED	9. BALTIMORE CITY OR COUNTY OF DEATH			I Harry
5		Va.	U.	S.A.	WIDOWE		CED 🗆	BALTIMORE	CITY		MD.
7	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITU	TION	120 USUAL OCCUPATION OF WORK FOR MOST		12b. KIND OF INDUSTRY	BUSINESS OR
5	BAI	LTIMORE	THE JO	HNS HOPKI	NS HO	SPITAL		Technical	ASSIT	Go	VT.
-	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS	ZIP CODE		
2	3	Ma.		Balto.				3716 Bel		212	15
	14 FA	THER'S NAME	MIDDLE	-1.00	Sel	15 MOTHER'S MA		MIDDLE	>	LAST	
		Walter	н.	Elam		Emi	14			ocks	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	1	ADDRE	SS		
				105.22	2772	Theodo:	re Jo	nes 371	6 Bel	le Ave	
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:							- 1.	ATE INTERVAL	
		IMMEDIATE CAUSE (a) CONCIAC ANAST								5'-	
		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if ony, which gove rise to immediate (b) Work to the commediate							-		
		couse (a), stating the underlying cause last							The state of		
	1	(c)									
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			D			WERE FINDING	SSUSED	
	IFIC							YES NO YES NO		F DEATH?	
1	CERT	210. ACCIDENT WAS UNDERLYING	AS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE								1.0
7		OR CONTRIBUTING CAUSE OF DEA	NIP .	M. MONTH DA	AY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		CITY OR TO	larib!	COUNTY	STATE
	Z	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC )	STREET		CHYORIO	WN	COOMIT	STAIR
		22a.1 certify that (1) this hosp	rol) oftended th	e deceased from_	DU	יעא	9.95	, to August	15 19	9 85 th	at (II (we)) ast
		saw the deceased alive an									
		122 DEGREE 226 DATE SIGNED									
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR									
1		THE PHYSICIAN NAME (TIPE OF HEIGH) 220 ADDRESS									
		LUCY KU	5K 3	xutohen		7	ohns	hopkins Ho	Sorral	, Balt	amo
	23a. B	BURIAL, CREMATION, REMOVAL	23h DATE	23c h	AME OF C	EMETERY OR CREA	MATORY	23d LOCATION	1	COUNTY	STATE
		Burial	8/21	/85 Mg	ount	Ellis_	Cem.	Keysvil	10	Va.	
	24 FL	UNERAL DIRECTOR		ADDRESS			and the same	REC'D. BY REGISTRAR	756 REGISTRA	AR'S SIGNATUR	RE
	U	ames A. Morto	on & Sc	ons F.H.	, 17	01 Laur	ensil	G 4 6 4005		11/ Sunny	ST. religioner

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11045		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	341		
2 24	(TYPE	Helen	lene Ruth	Jones Jones	8-25-85	DAY YEAR 26 HOUR		
90 4 4 00 0 4 4 00 0 4 4	3 SE	Female	White	Aug. 10, 1901	6 AGE (IN YEARS LAST BIRTHDAY)  84  YRS	MONTHS DAYS HOURS MIN		
4 11 35	100	RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	AAADDIED   NEVED AAADDIED		Baltimore, City,		
S offer	6	altimore	( IE-NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION ADDRESS! LIPSING HOME	120 USUAL OCCUPATION LET PE OF WORK FOR MOST OF WORKING SCHOOL teache	12b. KIND OF BUSINESS OF INDUSTRY  Balto. Cit		
filled in	USU 130. S	AL RESIDENCE (# NURSING HOME OR STATE Md. Balt	other institution, give residence before ity city or tow catons under the catons with the cato	ADMISSION)  13d. INSIDE CITY LIMITS?  YES NOTE	13. STREET ADDRESS / ZIP CO	li Road-2122		
ted within	V	Harry	A. Wedi	15 MOTHER'S MAIDEN NA Ella	MIDDLE	Rea		
		NAS DECEASED EVER IN U.S. ARI		ority No. 17 INFORMANT Cat -6183 Mary M. S	onsville <sup>oress</sup> M terling-736 E	d. 21228. Edmondson Ave		
es that the death certification by the attending physical cremation, or semantic, or other traverself event.	THE PERSON NAMED IN	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUI	ENCE OF		IVEN IN PART 110		
he low required on.  hos been up to permit. Best ene prior the perior that the	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?		
SICIAN: TI ng physicie certificate riol-tronsit entol Hygin frem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR  19	RRED (ENTER NATURE OF INJURY IN ITEM )	8 PART I OR PART 2)		
offendin ter this of the burners of the burners of		21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
ATTENDIN sspitol or CTOR: Af afor use of for use of theolth		saw the deceased alive an above, (1) (we) (did) (did not	tal) attended the deceased fram_ (5/26 19_ t) view the body alter death.		to 729			
TAL OR PALE OR RAL DIRE detocher of the Depth of the Dept		226. SIGNATURE	Wound		MEDICAL STAFF DIRECTOR   PHYSICIAN	P/25/87		
ro Hospit. To Funer should be a with the Str	3	MUVE S	skolow	333 St. Pu		21202		
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>	8/27/85 Lo	NAME OF CEMETERY OR CREMATORY udon Park Ceme	tery-Baltimor	e, Maryland		
DHMH - 16 50M 4/83 (VRA 15, 4)	73 73	6 Edmondson	ing runeral L Ave.;Catonsvi	state, P. A. 250 DA lle, Md. 21228	AUG 2 7 1985 Juli	STRAR'S SIGNATURE L Davidson-Randall		

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## STATE OF MARYLAND

1 STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGUENE Z Z	5 4 2
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	H GAY YEAR 26 HOUR
Jose	ph M.	Jones	August	2, 1985
J. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	Black	10 28 23	61	YRS.
To BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED ANEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	D - 1 t- 1	City, MD
10 CITY OR TOWN OF DEATH		SING HOME OF OTHER INSTITUTION		12b. KIND OF BUSINESS OR
Baltimore	LUTHERAN H		(TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY
	AE OR OTHER INSTITUTION GIVE RESIDENCE BEFO OUNTY 130. CITY OR TO Balti	WN 13d INSIDE CITY LIMIT		CODE usta Avenue 21
Joseph	Last Last	15 MOTHER'S MAIDEN		LAST
160 WAS DECEASED EVER IN U.S		CURITY NO. 17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YE	5, GIVE WAR OR DATES} 218-14	-3965 Mary Jon	es 833 N. Aug	usta Avenue
PART I. DEATH WAS CA	er anly ane cause per line far (a), (b), outside BY: DIATE CAUSE (a) Myo Court		en en	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which	DUE TO, OR AS A CONSEO	DUENCE OF		
cause (a), stating the	DUE TO, OR AS A CONSEO	DUENCE OF		
	NT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
On COMPANIAN CO CAMES O	FDEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN IT	
OF CONTRIBUTING CAUSE CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CAUSE CONTRIBUTING CAUSE C	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

230. BURIAL, CREMATION, REMOVAL

8/8/85

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Arbutus MEmorial Pk. Arbutus,

22e ADDRESS

Md STATE

, that (I) (we) last

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 ENorth Avenue

23b. DATE

220.1 certify that (1) (this haspital) attended the deceased fram,

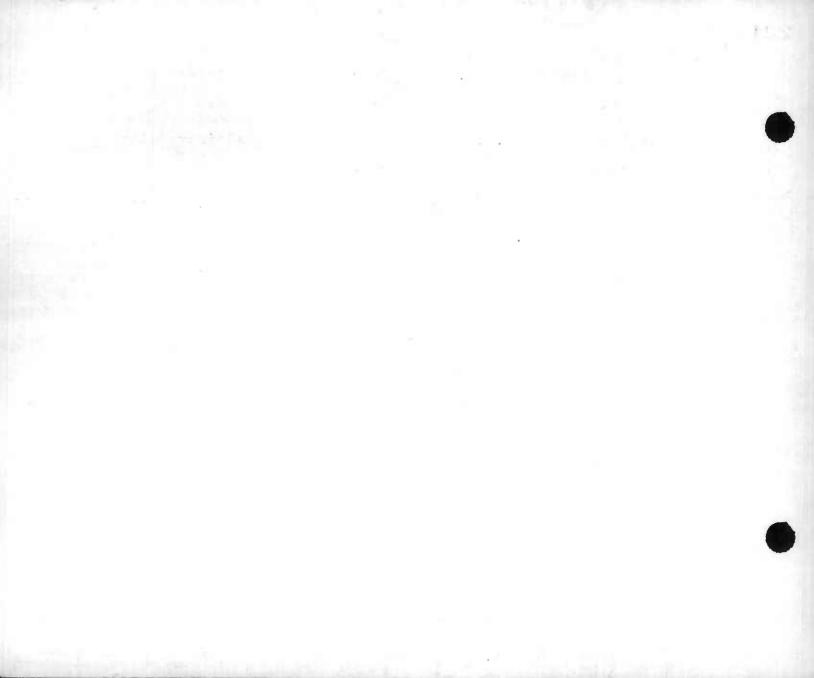
saw the deceased alive an above, (I) (we) (did) (did nat) view the bady after death

ATTENDING

and that in (my) (aur) apinian death accurred an the date and haur and Iram the causes stated

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
AUG 7 1985 Law Day as many framework.

DHMH - 16 50M 4/B3 (VRA 15, 4)



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#### STATE OF MARYLAND

	FOR STATE REGISTRAR			EALTH AND MENTALIHYG ICATE OF DEATH	IENE 2 2	. 3	4 4	
1	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		AST				N HOUR
ı	Louis	Jon					985	L PM
	3. SEX 4. F	RACE	J. DATE O		6. AGE (IN YEARS LAST BIRT			HOURS AIN.
	Male	Black	7	21 218	57	YRS.		
4	7a. BIRTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	MARDIE!	NEVER MARRIED	BALTIMORE CITY OF	COUNTY	OF DEATH	
2	Maryland	TT C A	WIDOWE		Baltimo	ce Ci	ty.	MD.
Ī	10 CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION			BUSINESS OR
		2711 Ashland		nue				
7	USUAL RESIDENCE IN NURSING HOME OR OTH 130 STATE 136 COUNTY	13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2711 Ash]	ZIP CODE	Atzoniio	21205
4	Maryland	Baltimo	ore	YES 🔀 NO 🗌		Land	Avenue	21205
1	14 FATHER'S NAME FIRST Lewis	Jones		Joyce	WE		Locket	t
Ť	160 WAS DECEASED EVER IN U.S. ARMEI		ITY NO.	17 INFORMANT	ADDRE	SS		
	(YES NO OR UNKNOWN) (IF YES, GIVE W.	212-30-6	335	Ruth E. Jon	nes 2711 A	Ashla	nd Ave	nue
	II CAUSE OF DEATH (Enter only o	one cause per line far (a), (b), and	(c)			-	APPROXIMA BETWEEN ON	ATE INTERVAL
	PART I. DEATH WAS CAUSED B IMMEDIATE C	SY:	EVTA	teme WIERKM	Ul			
	Conditions, if any, which	DUE TO, OR AS A CONSEQUEN	MY I	o sarcoma			4	
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF						
	PART 2 OTHER SIGNIFICANT COM	VOITIONS <u>CONTRIBUTING TO DE</u>	EA <u>IH</u> BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	DITION GIVE	EN IN PART 1(a)	
7	190 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES O	
1		216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AL WORK AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR	RM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I) (this hospital)	ottended the deceased from		6 1985	, 10	130	19_ <b>\$</b>	at (1) (we) lost
	sow the deceased alive on	8/12 19 8	, an	nd that in (my) ( <del>our</del> ) apinion o	death occurred an the da	te and haur	and from the co	ouses stated

should be detoched far use as the burial-tronsit permit. Then please remove corbonpopi with the State Dept. of Health and Mentol Hygiene prior ta burial, cremation, or remava MPORTANT: If them 21 is marked or them 18 shows any TO FUNERAL DIRECTOR: After

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 9/4/85

224. PHYSICIAN'S NAME (TYPE OR MILHARL

22b. SIGNATURE

236 NAME OF CEMETERY OR CREMATORY Garrison ForestVA

DEGREE

OWINGS Mills, COUNTY

ATTENDING MEDICAL STAFF
PHYSICIAN WDIRECTOR PHYSICIAN

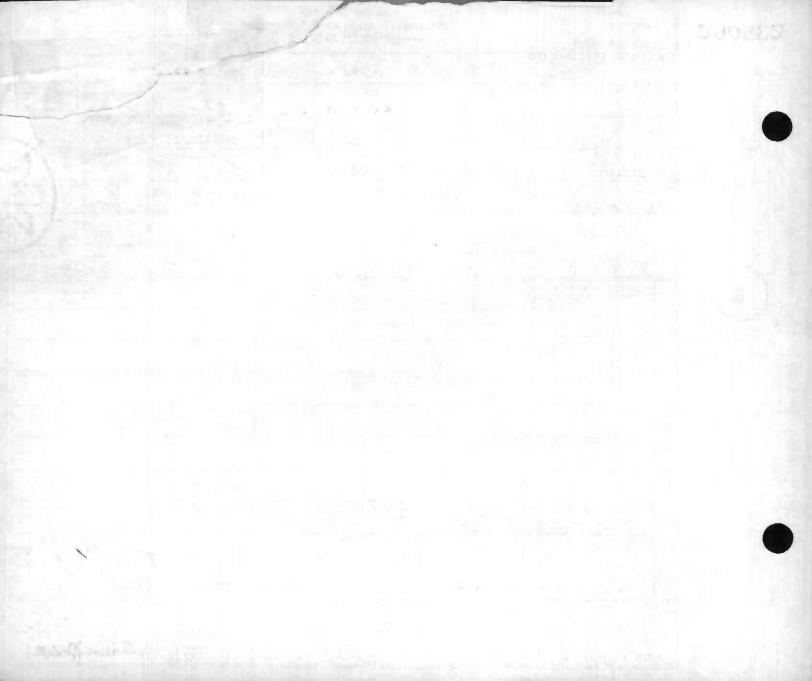
EAMERA

Md'ATE

24 FUNERAL DIRECTOR FUNERAL DIRECTOR

WM C March F/H Inc. 110 PresE North Avenual 3 1985 give hundren with the second strains and the second second





ge 3 eath

# may be TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the f should be detached far use as the burial-transit permit. Then please remave carbonpapers. Pages I and 2 should be filed with with the State Dept of Health and Menial Hygiene prior to burial, cremation, as remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical expriner must be bathlighted. death ( requires that the TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

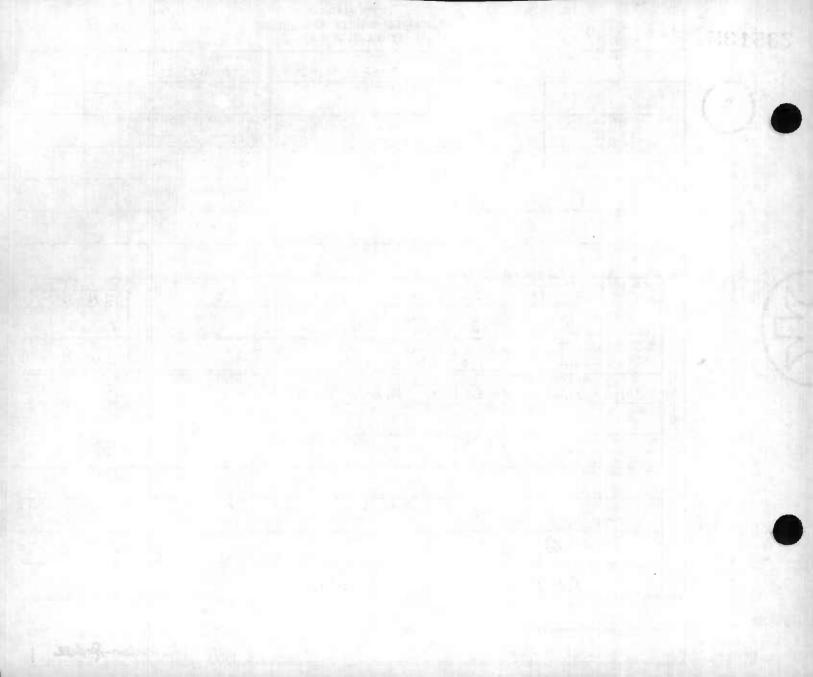
STATE OF MARYLAND 1 - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.			
DECEASED NAME FIRST MIDDLE			L	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
(TYPE OR PRINT)	RA	D.	JC	ONES	AUGUST 17, 19	85	1:25 P	
3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS		
Female	Bla	ck	Manth	23 26	59 <sub>YI</sub>	RS DAYS	HOURS MIN.	
70. BIRTHPLACE (STATE OR FORE	IGN 76. CITIZEN C	F WHAT COUNT	RY? 8	D NEVER MARRIED X	9 BALTIMORE CITY OR COU	9 BALTIMORE CITY OR COUNTY OF DEATH		
			WIDOWE			Y	MD.	
10 CITY OR TOWN OF DEATH  BALTIMORE	(IF NOT IN	FHOSPITAL, NU SUCH FACILITY, GIVE S HOPKINS	TREET ADDRESS)	PAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		OF BUSINESS OR	
USUAL RESIDENCE (IF NURSING			EFORE ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP C 2212 E. Chase	St. 21	213	
14 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	<u>1A</u>	sst .	
160 WAS DECEASED EVER IN (YES, NO OR WINNOWN)	U.S. ARMED FORCES IF YES, GIVE WAR OR DATES:		A	John Miller	2212 E. Chase	St.		
18 CAUSE OF DEATH	Enter anly ane cause p	er line lar (a), (b	, and (c )			APPRO) BETWEEN	XIMATE INTERVAL	
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)		atory	avrest			KXIRS	
""		00.15.1.501151	TOUENISE OF					
Conditions, if any, w		ORAS A CONSE	VA			INE	eek	
gove rise to immed	iote	(1)						
underlying couse		or as a conse	ble en	nbolus	In	cek		
		CONTRIBUTING			MINAL DISEASE OR CONDITION	GIVEN IN PART. 1	(a	
Congest		IDITION FOR WH		N WAS PERFORMED	200 AUTOPSY? 20b. II	F YES, WERE FINDI ERTIFYING CAUSES YES [	INGS USED S OF DEATH?	
OR CONTRIBUTION CAN	SE OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)		
(IF EITHER NOTIFY MEDICAL)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	LAT HOME	E OF INJURY STREET, FACTORY, OF	FICE FARM ETC )	THE LOCATION	CITY OR TOWN	COUNTY	STATE	
22a I certify that (I) (the saw the deceased above, (I) (we) (did)	is haspital) attended alive an AUG (did nat) view the ba	19		nd that in (my) (aur) apinia	5AUG 17 n death occurred an the date and	19 8 5 I haur and fram the	that (i) (we) last e causes stated	
226 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8							SIGNED 117	
22d PHYSICIAN'S NAMI		LION		JHH				
230 BURIAL, CREMATION, REA			23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
Burial	8/20	/85	Mt. Zio	n Cem.	Baltimore	COUNTY	MD	
24 FUNERAL DIRECTOR					ATE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNA		
Wm. C. March	F/H 1101	E. Nort	h Ave.	111	601 1085 John	Davidson-13	indette i	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212

### FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

2	2	3	4	ठ

	1	- STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG. NO.		
)		CEASED NAME FIRST		20. DATE OF DEATH MON	ITH DAY YEAR	26 HOUR			
		Mildred M.			Jone	S	August 12,	1985	M
	3 SE	× Female	White		5. DATE O		6 AGE (IN YEARS LAST BIRTHDA'	YRS.	IF UNDER 24 HRS HOURS MIN.
5		MA (STATE OR FOREIGN	TE CITIZEN OF	WHAT COU	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	MD.
2		Baltimore	623	Bartle	ett Aveni	OR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO  Ret. Calib	Bendi XII. KIND ( RKKOLINI) XII. KIND ( RKKO	of BUSINESS OR ther Instr
5	130 5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		113c CITY OF		136 INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. STREET ADDRESS / ZIR 623 Bartle	tt Avenue	21218
0		Clarence		mckles		15 MOTHER'S MAIDEN N. FIRST Veona	MIDDLE	Richards	.st
		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES!		L SECURITY NO. 10-8664	Mr. George	F. Jones Same		100
	NOI	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	(c)		SEQUENCE OF	NOT RELATED TO THE TER.	MIN AL DISEASE OR CONDITI	ON GIVEN IN PART 1	la la
1	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPE			VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 201 IN	LIF YES, WERE FINDI CERTIFYING CAUSES YES	NGS USED S OF DEATH?
)		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.				URRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE		OFFICE, FARM ETC	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ì		22a I certify that (I) (this hospit		death occurred on the date of	nd hour and from the	that (It (we) lost ecouses stated			
		17h SIGNATURE	en		Time.		MEDICAL STAFF	c/	SIGNED
1		Seymour Wein	2001/1/1			1900 E. Nor	thern Parkway	Baltimore	, Md.
		BURIAL, CREMATION, REMOVAL	Aug. 15	5,1985		EMETERY OR CREMATORY		Balto. M	STATE
		uneral director Leomard J. Ruck	Inc. B	al timo	re, Mary	rland 25u-DA	TE REC'D. BY REGISTRAR 256		TURE 0 05

DHMH - 16 60M 7/B4 (VRA 15, 4)

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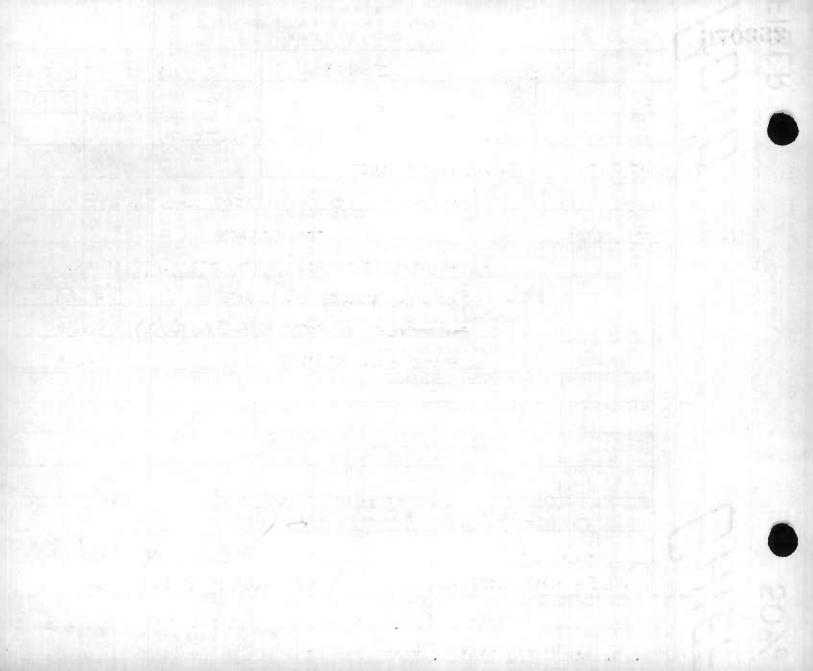
TO FUNERAL DIRECTOR. After should be detected for use on the sent the State Dept. of Health or

this certificate has been signed by the ottending physical and a remove corbon poperation of the please removes corbon poperation of the properation of the properati

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		49		neu	.14
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stole noisev	off Bartte		edonity.	att	.10
Bickerste		Yeonn	82	Intonne	nongra (1)
	drain section . S	Br. George	War_U.	2019	124
I shik swoodly fell	there i melange	and a nogi		100	in i monegad

WM. C. MARCH F/H 1101 E. NORTH AVENUE

(VRA 15, 4)



Cartie at a Artis a company of the Manager and the Cartie and the Market and the second

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havin orter death. Page 4 may be etained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely into the first funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages fond 2 should be activated in the 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death	funero
4 hoon of	1
uted within	Completely I
be exec	Poges
certificate	ing physicic rbanpapers ir remaval.
the death	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
quires that	then please to burial, c
The law re	e has been sit permit 1 giene priar
O HOSPITAL OR ATTENDING PHYSICIAN; The law etained by the haspital or attending physician.	s certificat burial-tran Mental Hyg
Noing Pr	R: After thuse os the dealth and
OR ATTE	oched for Dept. of H
IOSPITAL ned by th	FUNERAL Id be deta the State
eto i	Shou

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

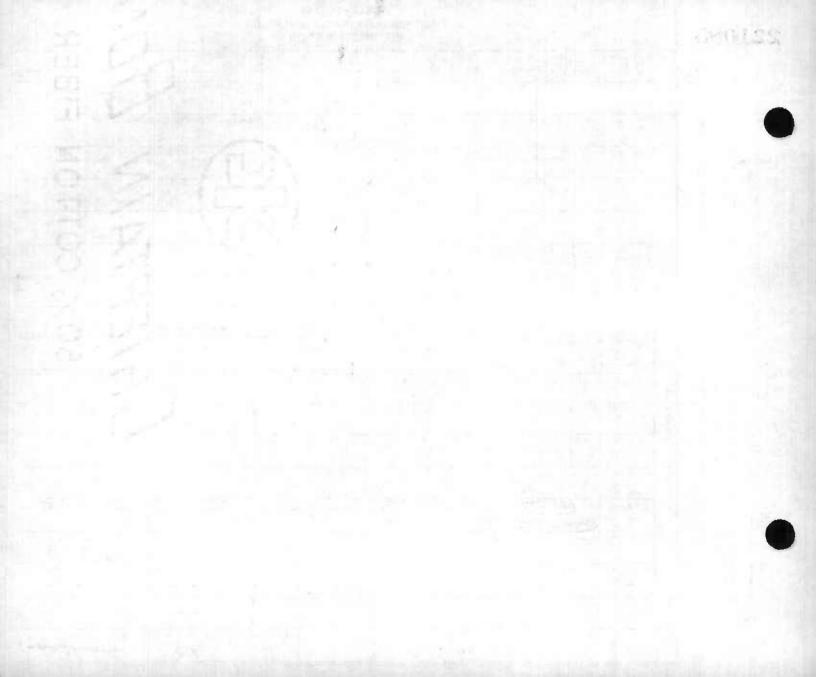
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

0	0	2	No.	-
2	6	3	5	3

1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTACHYG	IÈNE REG. N	2 3	2 1	
	CEASED NAME FIRST	,	MIDDLE	l	AST		MONTH	DAY YEAR	2b. HOUR
	ETHE		L.	JOR		AUGUST		1985	8:25Am
3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY}	MONTHS DAYS	HOURS MIN.
	Female	Blac	k	7	28 02	83	YRS		
76. CITIZEN OF WHAT COUNTRY?  WARRIED NEVER MARRIED WIDOWED TO DIVORCED					Baltimore City o			MD.	
Baltimore  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Church Home Hospital					12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C	ON '	126 KIND C	OF BUSINESS OR	
*13a	IAL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS? YES 🙀 NO 🗌	13e STREET ADDRESS /		E 212	31
14. F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LA	51
	Joseph		ordan		Indie		Ke	elev	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRE			
	(YES NOOR UNKNOWN) (IF YES, C		219-40-	-5632	Dorothy Baker	2520 F. DI	iver	St.	
TION	Conditions, if any, which gave rise to immediate couse 10:, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OF		ENCE OF	EREBROVASCU	INAL DISEASE OR CON	DITION GIV		
CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOK	IN CERTI	S, WERE FIND II FYING CAUSES ES []	NGS USED S OF DEATH? NO
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM IB	PART I OR PART 2)	
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PEACE (	OF INJURY EET FACTORY, OFFICE F	ARM ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a I certify that (I) this has saw the deceased alive a above, (I) (** 17d/a** (did not)) 12b. SIGNATURE	AUGUST	4 19	85. ar	22 , 19.85 nd that in (my) our opinion of DEGREE	toAUGUS' death accurred on the do			
	22d. PHYSICIAN'S NAME (TYPE	Diedu			ATTENDING PHYSICIAN [		IAN	8/4	4/3-
	L. K. PER	EDO, M.			100 N.BROA	RCH HOSPI' DWAY,BALT			
23a.	BURIAL, CREMATION, REMOVA	8/8/85	23c. N Ea	stvie	EMETERY OR CREMATORY W Mem. Pk.	Baltimor	е	COUNTY	MD STATE
	Wm. C. March F/	/H 1101	E. North	Ave.		E REC'D, BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE Nundame

DHMH - 16 60M 7/84 (VRA 15, 4)

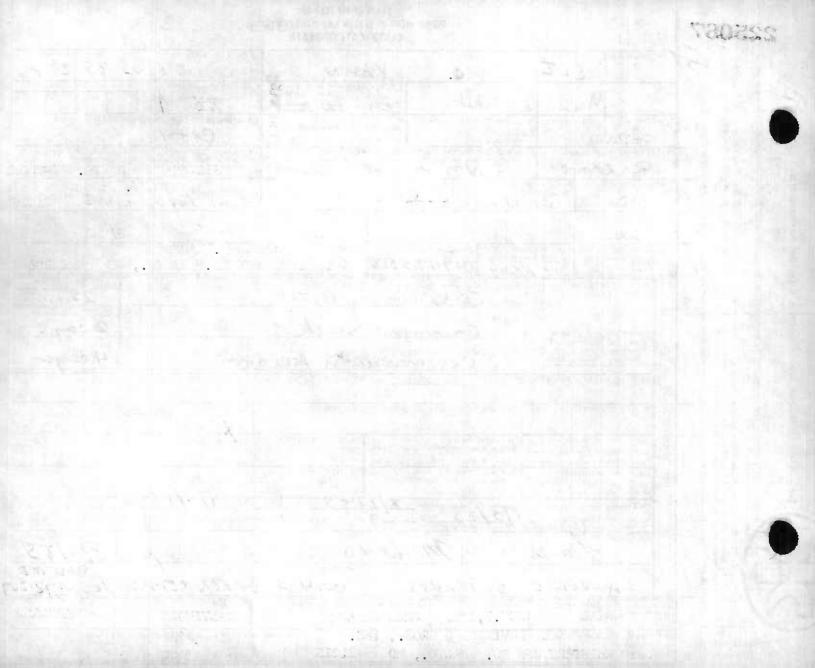


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225067	1.	FOR • STATE	DEPA	STATE OF MARYLAND RETMENT OF HEALTH AND MENTA (HY)	GIENE 2 2 .	3 3 3
ELSQU.		REGISTRAR	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 125 HOLLR
1 31 5		CEASED NAME FIRST		KAHN	20 DATE OF DEATH MONTH	05 85 230 P
ctor, pos	3. 56		1. RACE White	5. DATE OF BIRTH 28 1893	6. AGE (IN YEARS LAST BIRTHDAY)  XXXXX  9/YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
A Popular	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUNT	TY OF DEATH
of the de	10,C	ITY OR TOWN OF DEATH  Rulbinge	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING MUSICIAN	126. KIND OF BUSINESS O INDUSTRY BALTO. SYMPHO
(1)2	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OTHER INSTITUTION GIVE RESIDENCE	EFORE ADMISSION)  OF 13d. INSIDE CITY LIMITS?  YES NO NO	138 STREET ADDRESS AP	T. 523 #212
di- po	JA. F.	ATHER'S NAME LOUIS	MIDDLE LAST KAHN	15. MOTHER'S MAIDEN NA YETTA		SACHS
Poged /	160	NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI YES WWI	VE WAR OR DATES	7-5288 17 INFORMANT HO	WARD M. KAPMAS BURY RD. BALTO.	
physicia physicia maxal.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE)	D DV.	sulmonay arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 25 MIN
the droth ce the arteriding emore curbo marken, or ri or traumotic e	8	Canditions, if ony, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSI	ingenic Shock		2 days
greet by 1 in please o bursol, co		underlying cause lost	1 10 Cere	TO DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART 110
The law required has been state has been state permit. The riginal prior is shows any life.	CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
ICIAN: The physical p		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR 19	RRED (EMER NATURE OF INJURY IN ITEM )	8 PART I OR PART 2)
G PHYSI offending er this ce s the buri	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	21f LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDIN ospital or s ECTOR: Aft for use or f. of Health m 21 is mor		22a.1 certify that (1) (this hosp	ital) attended the deceased fr	, ,	death accurred on the date and h	, 19, that (I) (we) la aur and fram the causes stated
L ORR		22b. SIGNATURE Jaur	eure B. M.	Packs MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 875/85
TO HOSPITAL retoined by to TO FUNERAL should be det with the Stote IMPORTANT:		LAWRENCE	ORPRINT) & MARI	220. ADDRESS 6014 A	GREEN MEHDO	NO PKWN721
₽₩ ₽₩₩ <b>₩</b>	230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		23c. NAME OF CEMETERY OR CREMATORY OHEB SHALOM	BALTIMORE	COUNTY MARYLAN
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOL	ADDR	55	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE



## - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

2	2	5	2	(in

REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE CHE PRINT) Annie Margaret KAISER AUGUST 09 1985 4 RACE 5. DATE OF BIRTH YEAR Female White 4-14-1900 7h CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. U.S.A. WIDOWED Balto. City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) Balto. Church Hospital Housewife. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 1136. COUNTY 1136. CITY OR TOWN 130 STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Balto. 6111 Fair Oaks Ave. 21214 Md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Giffin Bechtel Holmes Annie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT TYES, NO OR UNKNOWN THE YES GIVE WAR OR DATES 213-52-8472 Florence Donovan, Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CEREVROVASCULAR ACCIDENT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which A.S.C.V.D gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 CERTIFICATION DIABETES MELLITUS 200 AUTOPSY? 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220 | certify that (this haspital) attended the deceased from AUGUST 0.7 19.85 to AUGUST 0.9 19.85 that (I (we)) ast saw the deceased plive an AUGUST 09 19 85, and that in (my) our) opinion death occurred on the date and hour and from the causes stated above, (I) we did did not) view the body ofter death 226 SIGNATURE DEGREE 224 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS CHURCH HOSPITAL CORPORATON XXXXXX ATAOLLAH F. NAZEMI M.D. 100 NORTH BROADWAY BALTO., MD. 21231 23c NAME OF CEMETERY OR CREMATORY Burial STATE 8-13-85 250. DATE REC'D. BY REGISTRAP 250. RECISTRAP'S SIGNATURE
ALIG 1 2. 1085 June Dandson Mandage

Dulaney Valley

DHMH - 16 60M 7/84

24. FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

BP

FUNERAL I

(VRA 15, 4)

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Leonard J. Sunk, Inc., 5305 largard No.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS STATE CERTIFICATE OF DEATH REG. NO P. DECEASED NAME 2a. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 4:02 SARA KALLINS AUG 1985 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS YEAR EMALE HITE 03 BALTIMORE CITY OR COUNTY OF DEATH 79. BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED RUSSIA USA BALTIMORE CITY WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION 126. KIND OF BUSINESS OR SINAI HOSPITAL HOUSEWIFE AT HOME BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 134 INSIDE CITY LIMITS? MARY LAND 13b. COUNTY BALTIMORE 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE WISE MIDDLE OSCAR ANNA BRODSKY DR. HARVEY A. KALLINS 160 WAS DECEASED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO 17 INFORMANT (YESNIPOR UNKNOWN) 216-30-6226 7202 VERBENA RD. BALTO, MD 21209 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far to), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDIAC ARRES MINUTES DUE TO, OR AS A CONSEQUENCE OF ARDS - SEPSIS - METABOLIC DERANGEMEN DAYS Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF PT, Z UNDERLYING IMMUNESUPPRESID couse (a), stating the ASPLENIC - STEEDID USE - 1010 PATHIC THROMASHINGS underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 11 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 7/3 22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. DEGREE 22c DATE SIGNED STAFF TO FUNERAL should be deto DIRECTOR PHYSICIAN MPORTANT 22ª ADDRESS SINAT 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIBURIAL BALTIMORE AUG.20,1985 HEBREW YOUNG MEN 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 AUG 2 7 1985 · wwwidoon-flandates (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO. MD 21215

THE REPORT OF THE PARTY OF THE TV-13 NA JAJUSAS ALL by - 12 A St - 12 STRANGE DISTRIBUTION OF A ST - 26 SA AND THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE PART JULI, MICH I REMINISTER. 

T004	FOR ITEM NUM - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIEND 2 2	3 3 0
001	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	Edward	1	Kang	July 16, 1985	04:30 <sub>20</sub> m
	areas remarkable	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	WONTHS UAYS HOURS MIN.
35	Male  BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Oriental 76. CITIZEN OF WHAT COUNT	MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
8	Md,	1) NAME OF HOCOITAL AND	RSING HOME OR OTHER INSTITUTION	Baltimore Ci	12b. KIND OF BUSINESS OR
3	altimore /	The Johns Ho	reet ADDRESS) pkins Hospital	(TYPE OF WORK FOR MOST OF WORKING	
35	NATE ICOTT 136. 59UN	OTHER INSTITUTION, GIVE RESIDENCE B ITY 13c. CITY OR 1	EFORE ADMISSION)  TOWN 13d. INSIDE CITY LIMITS?  YES NO	130 SINEE ADDRESS / ZIP CO 3234 NO	DE DEMANDY DRIVE
Survey 1	ATHER'S NAME FIRST	WIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
dico /	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL S	SECURITY NO. 17 INFORMANT	ADDRESS	
the me	18 CAUSE OF DEATH (Enter onl) PART I, DEATH WAS CAUSE!	ly ane couse per line far (a), (b	), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
¥.			opulmonary or	rest	105 minute
other troom	Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSE	dex consenital	heart diseas	e 4 months
rry, or	PART 2 OTHER SIGNIFICANT C		TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (	GIVEN IN PART Tro
9	Cholestati	196. CONDITION FOR WH	TICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
9	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211. LOCATION	CITY OR TOWN	COUNTY STATE
ZI is morked	220.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did no	JUNIL	gent per	death accurred an the date and t	, 19, that (1) (we) last nour and from the causes stated
NT. #	226 SIGNATURE  Darbara  226 PHYSICIAN'S NAME ITYPE O	Haber Mil	DEGREE  ATTENDING PHYSICIAN  1226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED 7/16/85
MPORTANT	Barbara	Haber M	D Johns Ho	phir Hospi	tal
_	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	7/25/85	23c. NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY STATE
A 4/83	FUNERAL DIRECTOR NAME Anatomy E	Board		TE REC'D. BY REGISTRAR 256, REG	ISTRAR'S SIGNATURE

STATE OF MARYLAND

ITEM NUMBER 13e



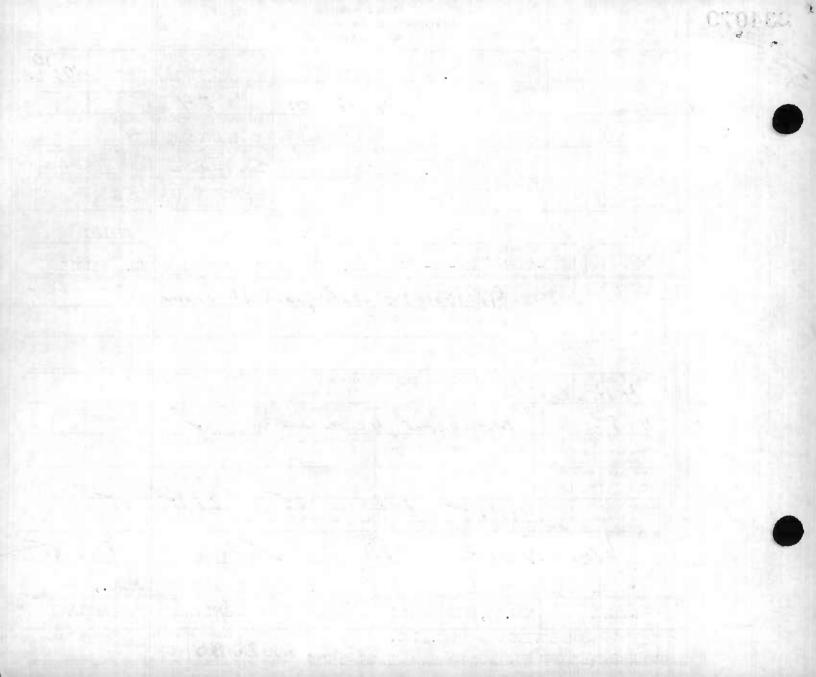
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL

DHMH - 16 60M 7/84

(VRA 15, 4)

-1		REGISTRAR				CERTII	ICAIL OI L	REG. NO.							
1		CEASED NAME	FIRST		MIDDLE	i.	AST		20. DATE OF DEATH MONTH	OAY YEAR	26 HOUR				
			KAAR		Н.		LSEN		AUGUST 28,1985		4;08A M				
1	3. SEX	Κ	4	RACE	1	S. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 1 YEAR IF UNDER 24 HRS				
J		1ALE		MH	11/2	1	3 DAY	19̈́2̈́1	64 YRS						
1		RTHPLACE (STATE OR FO	REIGN 71	CITIZEN OF	WHAT COUNT	RY? 8 MARRIEI	NEVER /	MARRIED -	9. BALTIMORE CITY OR COUN	COUNTY OF DEATH					
		ORWAY		NORWAY Iw			D[] DI	VORCED [	BALTIMORE CITY MD.						
1	10 CI	TY OR TOWN OF DEAT	H 1		HOSPITAL, NUF	RSING HOME C REET ADDRESS)	R OTHER INST	NOITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	12b. KINDO	126. KINDS BUSINESS OR INDUSTRIAL POST OFFICE				
1	-	LTIMORE				PKINS H	OSPITAL		CARRIER	POS					
1	13a. S	AL RESIDENCE (IF NURSING TATE  RYLAND	IS COUNT	Y	BALTIN	136 INSIDE C	ITY LIMITS?	4617 MARBLE HAL	L ROAD,	ROAD, 21239					
1	14 FA	THER'S NAME	AAI	DDIE	LAST		15. MOTHER'S	MAIDENNA			61				
	EI	INER			KARLS	SEN	OTHE	LÏE	MIDDLE	GREĞ	ËRSEN				
				ED FORCES?	166 SOCIAL SI		17 INFORMA		ADDRESS						
	YE	(ES NO OR UNKNOWN)	WW	TT	080-20-	-4902	MARY E	. KARLS	SEN, 4617 MARBLI	LE HALL ROAD					
Control and Control		18 CAUSE OF DEATH PART I. DEATH WA	Enter only	ane cause per	line far (a), (b)	, and (cl.)				BETWEEN	XIMATE INTERVAL	ATH			
			MMEDIATE		ASYSTO	CE				5	money	21			
				DUE TO, O	R AS A CONSE		4.0-	-0.1		-					
		Conditions, if any,		(b)_	CORON	JARY	HRIE	YZY	DISEASE	137	ears				
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF													
		underlying cause last. (c)										_			
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a													
7	ATIO	19a DATE OF OPERATI	ON	TION CONDI	ITION FOR WH	ICH OPERATIO	NI WAS DEDEC	DAAED	20a AUTOPSY? 20b. IF	YES, WERE FIND	NCCUSED				
	CERTIFICATION	DATE OF OFERALL	014	The COIND	IIIOI410K WII	ICH OFERATION	WASTERIO	KMED	IN CER	TIFYING CAUSE	ING CAUSES OF DEATH?				
7	ERT	21 g. ACCIDENT WAS UNDE	RLYING [	21b. TIME O	F INJURY		IZIC HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM T	YES D	NO 🗌				
		OR CONTRIBUTING CA	USE OF DEATH	HOUR A.	M. MONTH				0 7 787 1 087 787 27						
	MEDICAL	216 INJURY OCCURRE		21e PLACE		19	211 LOCATIO	N .				_			
	ME	WHILE NOT WHILE AT WORK AT WORK AT WORK						CITY OR TOWN	COUNTY	STATE	E				
		220 I certify that (1) (this haspital) attended the deceased from the state of the									that (P (we)	loct			
		saw the dereased of ve an August 21 19 25 and that in (py) aur) apinian death accurred an the date and above, (i) (we) (did) (did not) view the body after death.  27b. SIGNAJUR  DEGREE									and the same				
											ESIGNED	_			
		1 (11	MEDICAL STAFF DIRECTOR PHYSICIAN	1 7/	28/80										
		22d. PHYSICIAN   DIRECTOR   PHYSICIAN   22e. ADDRESS									7	12			
4			KROUBENOFF TUD JOHNS MOPIKINS H								BALT	0			
Í		URIAL, CREMATION, R	EMOVAL	23b. DATE		3c. NAME OF C			23d. LOCATION	CITYCONAIA	STATE	E			
	24 5:	BURIAL	00::0	9-3-19	985	GARRI:	SON FOR		BALTIMORE C						
1	24 FU	INE MUTITER &				INC.		25a. DATE	E REC'D. BY REGISTRAR 25b. REG						
1		2501 GWYN	INS FA	LLS PAI	RKWAY			A	1620 100E / 1:	T. J.	70				
											· Coulors	-			

6010 REISTERSTOWN RD. BALTIMORE MARYLAND 2121



DIVISION OF VITAL RECORDS,



## 253029

the funeral director page 3 d within 72 hours ofter death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

2

	112 0 10 1111 111										KEG. I	V.				
Ī	DECEASED NAA	AE FI	RST	MIDDLE					20. DATE OF DEATH MONTH DAY YEAR 26 HOUR							
-1	(TIPE OR PRINT)	KEITH					AUGUST 18, 1985				10:08pm					
1	JAMES  3. SEX 4. R.			I. RACE S. D					6. AGE (IN YEARS LAST BIR			IF UNDE	IF UNDER 1 YEAR		IF UNDER 24 HRS	
	Ma	le		White			MONTH 9	7	32	52		YRS.	MONTHS	DATS	HOURS	MIN.
1	To. BIRTHPLACE   STATE OF FOREIGN			76 CITIZEN OF WHAT COUNTRY?		NTRY? 8				9 BALTIMO	RE CITY		Y OF DE	ATH		
5	Maryland U				S. WIDOWED DIVORCED					Baltimore City MD.						
0	, CITY OR TOWN OF DEATH		/ 1				NG HOME OR OTHER INSTITUTION			120 USUAL OCCUPATION 126 KIND OF BUSH					F BUSIN	
8	Baltimore		2	(IF NOT IN SUCH FACILITY, GIVE STREET  Maryland General						(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
	USUAL RESIDENC	E (IF NURSING )		THER INSTITUTION	GIVE RESIDENC	E BEFORE ADA	NISSION)									
E	Md.			NTY 130 CITY OR Balto				136 INSIDE CITY LIMITS?		130 STREET ADDRESS / ZIP CODE 210 W. Madison				- 21	201	
1	14 FATHER'S NAME			Durce				15. MOTHER'S MAIDEN NAM						. DC. EIL		
0	FIRST		MI	DDLE	LA	AST	3.1		FIRST		WIDDLE			LAS	T	
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES?				166 SOCIAL SECURITY NO. 17. INFORMANT					ADDRESS						
	(YES, NO OR UNKNOWN) (IF YES, GIVE			WAR OR DATES) 213-34-5808												
1	18 CAUSE O	line for (a), (b), and (c)					APPRO BETWEET					MATE INTERVAL ONSET AND DEATH				
	PARTI DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Cardiac Arrest															
	Conditions	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( ) Find Stage Tixor Disease														
gove rise to immediate couse (a), stating the underlying couse lost													-			
	PART 2 OT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0														
	190 DATE OF	190 DATE OF OPERATION			196 CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 206 IF YES, WERE FINDING					IGS USE	FD
7	FI							Turbury     Turbury			IN CERTIFY			YING CAUSES OF DEATH?		
	210 ACCIDEN	IT WAS UNDERLY	21b. TIME O	F INJURY 21c. HOW INJURY OCCUR						NO K		YES	BART 2)	NO	<u> </u>	
1	00.000,000	TING CAUS		110110		MONTH DAY YEAR					COME OF 114)	DRY IN TEM TE	PARTION	F 481 2)		
	2	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e PLACE			M. 19 211. LOCATION				ION							
	WHILE T				EET FACTORY, OFFICE, FARM ETC.)			STREE		CITY OR TOWN			co	COUNTY STATE		
AT WORK AT WORK												7.0	-	P		
	220.1 certify	20.1 certify that (lighthis hospital) attended the deceased from July 30, 19.85 to August 18, 19.85 that   X (we) lost sow the deceased alive on August 18, 19.85 ond that in XX (our) opinion death occurred on the date and hour and from the causes stated														
	obove	Obove Xiv we) (did) (dix Xi view the body ofter death.													toted	
	ZIL SIGNA	DEGREE ATTENDING MEDICAL STAFF										11	S I I I			
	Ch	PHYSICIAN DIRECTOR PHYSICIAN										0	1/3	18	5	
1	The second second second	Christopher D. Warry M. D.														
1	Christopher D. Hogan, M.D. c/o Maryland General Hospital												tal			
	230 BURIAL, CREA	NATION, REA	AOVAL	23b. DATE		23c NAM	E OF CEM	ETERY OR	CREMATORY	23d. LOC	ORTOWN		COUN	TY		STATE
	Re	moval		8/23/	3/23/85											
	24 FUNERAL DIRE	CTOR							25q DAI	E REC'D BY	REGISTRAI	75lpREGE	STRAK'S,	SIGNAT	Dilida	96-

DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

ADDRESS Balto., Md. AUG 2 9 1985

Julia Davidson Randasa

X		REGISTRAR CEASED NAME	ard Christophe:		ller	REG. NO 20. DATE OF DEATH	in the second	DAY YEAR	26 HOUR
1		LEON	7		LLER		81	485	14-13
freeth. p		Male	White	S. DATE OF	F BIRTH 17°1957 YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS	HOURS A
35		RITHPLACE (STATE OR FOREIGN Baltimore	76 CITIZEN OF WHAT COUNTRY  USA	MARRIED WIDOWED	DI DIVORCED	Baltin Baltin	R COUNTY		
45	Ba	altimore	(IF NOT IN SUCH FACILITY, GIVE STREI Good Samari	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION     (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)     Good Samaritan Hospital			12a USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bonder Martin Co.		
333	13a S	Maryland Ba	other institution give residence before NTY 13c CITY OR TO Essex	WN	13d. INSIDE CITY LIMITS? YES NO NO	13e.STREET ADDRESS / 902 Ashbr	zip code	Dr. 2	21221
130	2	ATHER'S NAME FIRST George	W. Keller, Jr.		15 MOTHER'S MAIDEN NAV	Chaney		LA	ST
12	I day	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC 216 72		Geo. W. Kell	ADDRE Ler, Jr. Fat		∤00 Kat Balto.,	
o the attending physics are contained and company commontain or remain the traversalic event,		IMMEDIA  Conditions, if any, which	ally one couse per line for (a), (b), c D BY: TE CAUSE (a)  DUE TO, OR AS A CONSEQ  (b)	MANO	he are	est-	•		IMATE INTERVAL ONSET AND DEA
offiner t		gave rise to immediate cause (a), stating the underlying cause last	Due to, or as a consecu	UENCE OF	Chaha	10 10			- 3
re prior to burnal, crems	IFICATION	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU 101 POWER OF THE CONDITIONS CONTRIBUTING TO	D DEATH BUT N		200 AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED S OF DEATH?
ental Hygiene prior to burial, cremo them 18 shows any impry, or other to	ICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	196. CONDITION FOR WHICH  196. CONDITION FOR WHICH  196. TIME OF INJURY HOUR A.M. MONTH 197. P.M.	D DEATH BUT N	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDS YING CAUSES S	NGS USED
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git, of Health and Mental Hygieris prior to burial, cremit em 21 is marked or them 18 shows any impay, or after the	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT (  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA  (IFEITHER NOTHY MEDICAL EXAMINES  21d. INJURY OCCURRED  11d. NOTWHILE AT WORK  220. I certify that (I) (this hosping sout the deceased alive an above, (I) (well (did) (did not obove, (I)) (well (did) (did) (did not obove, (I)) (well (did) (did	196. CONDITION FOR WHICE  196. CONDITION FOR WHICE  196. TIME OF INJURY HOUR A.M. MONTH I P.M.  216. PLACE OF INJURY	D DEATH BUT N H OPERATION DAY YEAR 19 E. FARM ETC.)	216. HOW INJURY OCCURR 211 LOCATION STREET 21 19	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUST  CITY OR TO	20b. IF YES IN CERTIF YE RY IN ITEM 18 P	S, WERE FINDI YING CAUSES S ART I OR PART 2)	NGS USED SOF DEATH? NO STATE
Store Dept. of Health and Method Hygiette palor to burind. cremt.  AMT: if them 21 is marked or them 18 shows any impry, or other t	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	196 CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH IN P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (101) attended the deceased from	D DEATH BUT N H OPERATION DAY YEAR 19 E. FARM ETC.)	216. HOW INJURY OCCURR 216 LOCATION STREET  216 HOW INJURY OCCURR 216 LOCATION STREET  ATTENDING PHYSICIAN	YES NO CITY OR TO DEATH OF INJUST OF INJ	20b. IF YES IN CERTIFYE YE RY IN ITEM 18 P	COUNTY  19 ST  r and from the	NGS USED S OF DEATH? NO  state that (It (we)) causes stated SIGNED
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CATION Z III LODA		Dr. or.	• "	
STORY OF THE PERSON AND AREA	.0	DATE OF LAND	-	c

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and 2 shauld be filed w

this certificate has been signed by

ENDING PHYSICIAN:

se as the bural-transit permit. ofth and Mental Hygiene pria marked ar Item 18 shaws any

should be detached for use as the by with the State Dept. of Health and M TO FUNERAL DIRECTOR: After

MPORTANT: If Nem 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY RENE 5

22362

REGISTRAR		CERTIFICATE OF DEATH	REG. N	O.	
1. DECEASED NAME FIRST	WIDDLE	EAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
(TYPE OR PRINT) Robert	Leroy	Keller	August	5 1985	IAN
3. SEX	4_RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		
Male	White	July 24 190		YRS MONTHS BAT	S HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIEL	9. BALTIMORE CITY	R COUNTY OF DEATH	
New Jersey	U.S.A.	WIDOWED DIVORCED		e City	MD.
10 CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTIO	N 12g USUAL OCCUPAT	ION 126 KIND	OF BUSINESS OR
Baltimore  DSUAL RESIDENCE (IF NURSING HOME O					val Archi
USUAL RESIDENCE (IF NURSING HOME OF 138 STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BER			/ 7IP CODE	A RESERVE
Md.	Balto				21210
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	N NAME MIDDLE		1467
Alvin	E. Keller		MIDDLE	Wac	nen
160 WAS DECEASED EVER IN U.S. A			ADDR	SS	
	IVE WAR OR DATES)	0-2060 Joy K.	Kanlan R	alto., Md.	
No	inly one couse per line for (o), (b), ED BY:		Taptair De		DXIBAATE SYTERY III PA ONNET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT  199. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	DUE TO, OR AS A CONSEC	DUENCE OF	TERMINAL DISEASE OR CON	DITION GIVEN IN PART	1:0-
NO DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS	
E .			YES NO	YES [	NO [
710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE AUTHOR OF THE LIFE ACUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE OF THE LIFE ACUSE OF THE LIFE ACUS	HOUR A.M. MONTH	DAY YEAR 19 21 LOCATION	CCURRED (ENTER NATURE OF INJU		STATE
27s. I certify that (I) (this hosp	pital) attended the deceased from	DE GREE ATTEND			Mill (western TE SIGNED
224 PHYSICIAN'S NAME (TYPE	Helfrich M.D.	22e ADDRESS	land Ave., 2		1
230 BURIAL, CREMATION, REMOVA	ALC: No. of the last of the la	NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	A I I I I I I I I I I I I I I I I I I I	
(SPECIFY) Cremation	8-6-85	Green Mount	Balto.	COUNTY	Md.
24 FUNERAL DIRECTOR	1 0 0 00		n DATE PECID BY PEGISTRAP	ALL DECISTOADIS SICAL	

DHMH - 16 60M 7/B4

BP.

Henry W. Jenkins & Sons Co., Balto., Md. (VRA 15, 4)

AUG 7

1. O. Triston Randelle 1985

BUIN 3 Jack Nills Inclied Analy Inches Southment of the second of the In Ibiworks To your Harbar Pietro-Charle May Beathaur a collect Analytic. Belto. × 1108 Ferrer Louis x 21210 Tennew deller deller deller deller Martin Co. Sov III. Letter Entist, Nd. 3 William G. Halfrith M.C. Bot Roll of No. 128103 Colto. Harry W. Jonains & Sons Co., Bulto., Ast. Land Y and DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 CERTIFICATE OF DEATH

2 2 3 6 3

J	REGISTRAR		CERTIFICATE OF DEAT	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) Ann	MIDDLE R.	Kenny	28. DATE OF DEATH MONTH	26/85 1300 PM
	FEMALE	BLACK	11-11-51	AR 33 YRS	IF UNDER I YEAR IF UNDER 24 HRS
	BALTIMORE MO	16. CITIZEN OF WHAT COUN	MARRIED LE NEVER MARRI	Baltimore (	
4	Baltimore	Union Me	ursing home or other institution of the company of		LIFE) 126. KIND OF BUSINESS OR INDUSTRY SHOW BUSINESS OR
	JSUAL RESIDENCE (IF NURSING HOME I.Id. STATE  MARYLAND  14 FATHER'S NAME		TOWN 1134 INSIDE CITY LIN	1 2826 6 FSTWO	
	VAMES R. KE	MIDDLE LAS	SARAM	GRANT MIDDLE	LAST
		SIVE WAR OR DATES)	O 3140 Mas Sara	H KENNY 2826 WES	TWOOD AVE
	PART I. DEATH WAS CAU	only one couse per line for 101, (I SED BY ATE CAUSE (0)	treceles / Le	true crepallier	APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS (c)	SEQUENCE OF AND	uchylun rey	where
١		CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
7	00 000 170 170 100 100 100 100 100 100 1	DEATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	OR CONTRIBUTING LAUGE OF LAUGE OF LETTER NOTIFY MEDICAL EXAMINE TIME IN THE LAUGH OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE FARM, ETC.)  211 LOCATION 5TREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive	spital) attended the deceased from not) view the book after death.		opinion death occurred on the date and ha	
	Susa	w MAC	ufaut ATTENI		82485
	Dr. Susar	M. Dumsha		Memorial Hospit	al
	130 BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	23b. DATE 9-3-85	PRBUTUS MEM PA	CITY OR TOWN	MD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

JOSEPH L. RUSSZZZZW, NORTH AVE

AUG 2 9 1985 Julia Davidson

Julia Davidson-Rindalle

or but as THE RESERVE OF THE PARTY OF THE BILL SHEET STATES The state of the s and the state of t

243059	1.	FOR STATE REGISTRAC hartes	DEPARTM	ENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	2 3.6 4
to, page 3 other death		CHARLES A. RACE	TARECKY	S. DATE OF BIRTH	20. DATE OF DEATH MON	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
tumenal dense three 72 fourn	F		OF HOSPITAL, NURSING	8 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED HOME OR OTHER INSTITUTION	0 Cit	MD.
tilled in by the code for the c	1	AL RESIDENCE (# NURSING HOME OR OTHER MAYAITU 136 ONNTY	TYPIN GIVE RESIDENCE BEFORE	ath Daysion)	S? 13 STEET ADDRESS AT	CODE/SOPNAVE
and completely iges (ond 2 a)	160	VAS DECEASED EVER IN U.S. ARMED FORCE	LASI LEM SS? 166 SOCIAL SECUR	15. MOTHER MAJEN	ADDRESS	er i last
the death certificate be the offending physician remove corbon popular. remotion, or removal.		18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o   DUE TO Conditions, if ony, which gove rise to immediate couse (o), stofning the underlying couse lost.	Kesp	rophic lat	Arties E	APPROXIMATE INTERVAL BENNESH AND DEATH  900
The law requires that do.  c to been signed by it germ! Their places prior to burial, or all nows dry injury, or all	CERTIFICATION	PART 7. OTHER SIGNEY AND CONDITION  ING DATE OF OPERATION  199	AMI NO ENERTHICH		20g AUTOPSY? 20g	ON GIVEN IN PART 110  LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
offending physics the control of the	MEDICAL CES	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  21e. PLA	AE OF HURY  ACCOF INJURY  ACCOF INJURY  ACCOF INJURY  ACCOF INJURY  ACCOF INJURY  ACCOF INJURY  ACCOF INJURY	Y YEAR 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN	COUNTY STATE
PITAL OR ATTENDI by the baseinal or effect to DRECTOR State Dept of Heal ANT, if hem 21 is m		22a.1 certify thos (I) (this hospital) private de sow the decement alive an obover (I) river hidd (did not) view the b	/ 10	ond first in (my) (our) opi	NG MEDICAL STAFF	
Bb Discharge Bb	L	Burial 9/4/		AME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	1	senor SPuck	Har	ford Rd	JERD MAR	he Davidon Abodete.



					STAT	OF MARYLAND			
233119/	1.	FOR STATE		DEPAI		EALTH AND MENTAL HY	GIENES 2	2 3 6	3
OTT A		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.	1 4
X		CEASED NAME Andre	w Will	liam		mer	20 DATE OF DEATH	MONTH DAY YE	
		An	trew	LICUIT	RC	0 10	100000	8-15-8	5 805 Pi
	1. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE		
	1	m Male	white	5.	MONTH	27 08	71.		DAYS HOURS MIN,
01	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V		RY? 8		9 BALTIMORE CITY O	OR COUNTY OF DEAT	Н
00		COUNTRY)			MARRIE	NEVER MARRIED		7/to. C1	
/	and the second	aryland	U.S.		WIDOWE	D DIVORCED DIVORCED	12a USUAL OCCUPAT		NO OF BUSINESS OR
2/	10. C			FACILITY, GIVE STR		N OTHER INSTITUTION	(TYPE OF WORK FOR MOST		
(	1	BA110.	FRANCIS			red. Center	Guard	Fee	d. Govt.
272		AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, O	GIVE RESIDENCE BEI		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	
20	Ma		ltimore	Dundal		YES NO X	7580 Ives		22
nh	14 F/	ATHER'S NAME				15. MOTHER'S MAIDEN NA	AME		
30	7	andrew .	J.	Kerne	r	FIRST	MIDDLE E.	mb.	1AST
2	-	WAS DECEASED EVER IN U.S.		16b SOCIAL SE		Susanna 17 INFORMANT	ADDR		ompson
17			GIVE WAR OR DATES)						
		IVO		213/07	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Elizabeth K	erner-Wife		
f		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per l	line far (a), (b),	and (c).1		3.5 Ht E	BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
6		IMMED	IATE CAUSE (0)	V. C. VI	And . Sicons	IMMKETION			
precion cre		cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(c)	NTRIBUTING T		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PAI	PT 1(a)
Control	CERTIFICATION								
6/	Ğ.	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	10b. IF YES, WERE FIL IN CERTIFYING CAU	
7	E						YES NOK	YES 🗌	NO 🗆
1	8	210. ACCIDENT WAS UNDERLYING			DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PAR	RT 2)
4	1	OR CONTRIBUTING CAUSE OF	DC AIII		19				
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION			
	ž	HHILE NOT WHILE AL WORK	(AT HOME, STRE	EET, FACTORY, OFFI	ICE, FARM, ETC	STREET	CITY OR TO	Own COUNT	TY STATE
				days and for	m 6/	8 10 85	9/15	10.95	1 (2) 1
3		sow the deceased alive	A 1 -11		1	d that in (my) (our) opinion	, 10	. 17.0	, that(I)/(we) las
Pk F		obove, (I) (we) (did) (did			, 0,	C	death occurred on the d		
2		22b. SIGNATURE	7/			DEGREE			DATE SIGNED
		John V	Van mic	)		ATTENDING PHYSICIAN	MEDICAL STA	CIAND	8/15/85
1	1	228. PHY SIC AN'S NAME ITY			- 1907	22e ADDRESS			
1		MOUNDUSS	om 3						
- MAGE	23a.	BURIAL, CREMATION, REMOV		7	3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		Burial	8/17/				CITY OR TOWN	COUNTY	STATE
	74 E	UNERAL DIRECTOR	1 0/1//.	1303	an Lawi	Cemetery		e, Maryland	
/83		NAME		ADDRES	55		THE CO. OF REGISTRAN	AL RESISTRANSISIO	WATURES TO RECE
, 4)	V	Walter Brooks 1	Bradley I	nc. Bal	to., M	1. 21222	A1115 1 6 198	D	

# 242081 tuneral director, page 3 thin 72 hours ofter death TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, crematian, or removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗢 CERTIFICATE OF DEATH

22

1	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL		2 2 3 3. NO.	6	Ò
	(TYPE		N CE 5	N.	KESS	20 DATE OF DEAT	8 21	85	26. HOUR
	3 SEX	1	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAS	T BIRTHDAY) IF L	UNDER I YEAR	HOURS MIN.
	C	RTHPLACE (STATE OR FOREIGN COUNTRY)  A. A. C. M. D	76 CITIZEN OF WHAT C	MARRIE WIDOW	D NEVER MARRIED		Y OR COUNTY OF		1 + 4 MD.
	BA	TY OR TOWN OF DEATH	2 P O T IN SUCHEACHT	GIVE STREET ADDRESS)		LIVE OF WORK FOR MC	OST OF WORKING LIFE)		F BUSINESS OR
	13a. S	MD	OUNTY 13c CIT	DENCE BEFORE ADMISSION	13d INSIDE CITY LIMIT	26094	SS / ZIP CODE	10301	V AVE
1		THER'S NAME  VIIII A	BROOKS	LAST	MARY	ya ANN MIDDI	ε	13.	1273
		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SO	14-1609	FANNIE	NUTT 260	9 50 me	~0501	NRUS
		PART I. DEATH WAS CA	DIATE CAUSE (0)	adispu	lmeny a	aust.		APPROXIA BETWEEN O	MATE INTERVAL DNSET AND DEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A C	CONSEQUENCE OF CONSEQUENCE OF Theroscle	myora which Hea	at Diseas	e anaste		
	NOI	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBU	UTING TO DEATH BU	NOT RELATED TO THE	TERMINAL DISEASE OR C	ONDITION GIVEN	IN PART 1:0	)
-	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?  YES NO	20b IF YES, W IN CERTIFYIN YES [		
1	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MO	ONTH DAY YEAR 19		CCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART	I OR PART 2)	
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU	JRY ORY, OFFICE, FARM, E1C }	211 LOCATION STREET		OR TOWN	COUNTY	STATE
			A 2	10 85	nd that in (my) (our) op	, to	e date and hour an		that (I) (we) last causes stated
		22b. SIGNATURE	had. H	twad		NG MEDICAL S	STAFF YSICIAN []	22c. DATES	SIGNED
		SANDA	,	ard mo	1400	S. Charl.	es 21	230	
	23a B	URIAL, CREMATION, REMO	VAL 236 DATE		EMETERY OR CREMATO	ORY 23d LOCATION	anne o h	277 2	1 2 5 60

DHMH - 16 60M 7/84

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic

(VRA 15, 4)

BP.

24 FUNERAL DIRECTOR P Mayor GOV Golgon St.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1 - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEA	REG. N	٧٥.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH		AR 2b HOUR
(TYPE OR PRINT) Eleano	r·	Kiah	8/9/85		4:56A
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE 1 IN YEARS LAST B		YEAR IF UNDER 24 HRS
Female	Black	11/19 <sup>DAY</sup> 11	YEAR 73	YRS MONTHS D	PAYS HOURS MIN.
To BIRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTE		9. BALTIMORE CITY	OR COUNTY OF DEAT	Н
North Carolin	a USA		Baltimo	re City	M
10 CITY OR TOWN OF DEATH Baltimore	(# NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUT REET ADDRESS) Nursing Home	10N 12a USUAL OCCUPA (TYPE OF WORK FOR MOST		ND OF BUSINESS OR TRY
USUAL RESIDENCE HE NURSING HOME 130. STATE 13b CC MD N/	UNTY 13c. CITY OR T	OWN 13d INSIDE CITY L		zipcode enwood Av	e.21212
Will	MIDDLE Evans	15. MOTHER'S MA	IDEN NAME IS Ann MIDDLE I	Evans	LAST
160 WAS DECEASED EVER IN U.S.	CIVE WAR OR DATEST		ADDI		_
(YES NO OR UNKNOWN) (IF YES.	216-20	-5913 Nita Fe	rguson 3917		
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), (b) ISED BY. Brai NATE CAUSE (a)	n tumor			PROXIMATE INTERVAL VEEN ONSET AND DEATH
	DUE TO, OR AS A CONSE				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OR AS A CONSE	OUENCE OF			
	IT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	ndition given in par	RT 110
∑ Aspiratio	n pneumonia,	Anemia, CVA			
Aspiratio 190 DATE OF OPERATION N/A 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORME	D 200 AUTOPSY?	206 IF YES, WERE FI	
₩ N/A	N/A		YES NO X	YES [	ИО □
On contract the Court of		DAY YEAR 216 HOW INJURY	OCCURRED (ENTER NATURE OF INJ	IURY IN ITEM 18 PART I ORPAR	7 2)
UF EITHER NOTIFY MEDICALEXAM		19 216 LOCATION			
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	ICE FARM ETC ) STREET	CITY OR T		
22a I certify the later he	spital) attended the deceased from 8/1 1'	om 10/15 9 85 , and that in (my) (aur	9 82 to 8/9 apinion death accurred on the		, that (IS(we) last the causes stated
22b. SIGNATURE	nog view me body after death	DEGREE		22c. D	DATE SIGNED
M		ATTER PHYS	NDING MEDICAL STA	AFF ICIAN   8/	/9/85
276. PHYSICIAN'S N	OR PRINT)	22e ADDRESS			
Arthur M.	Lebson, M.D.	3640 F	ords Lane Ba	lt. Md.	21215
23a BURIAL, CREMATION, REMOV		3c. NAME OF CEMETERY OR CREM	AATORY 23d. LOCATION	LOUNTA	SET STATE
Burial	8/14/85	Mf. Zion Cem.	Lansdow	ns A.A.	Md. STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

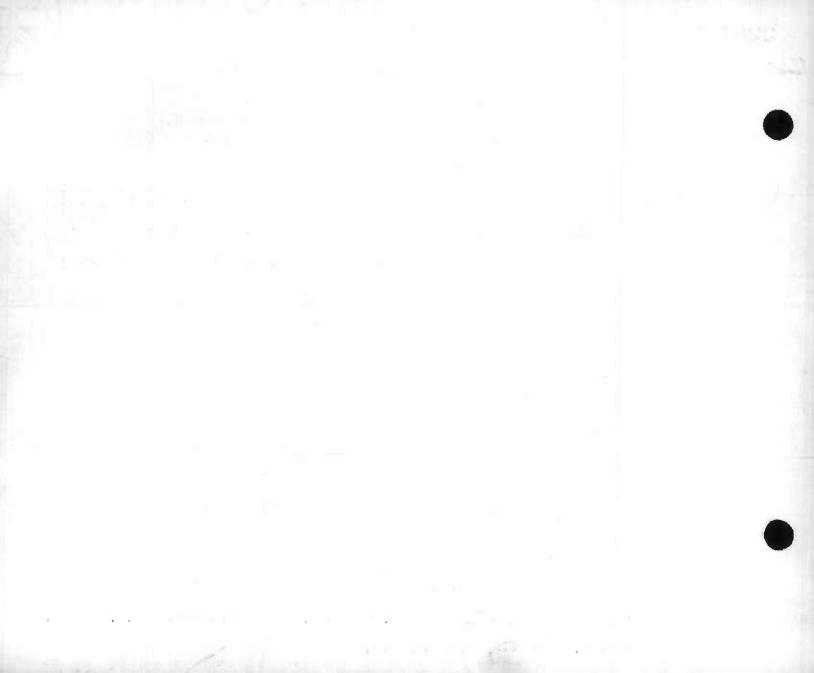
MPORTANT: IF

24. FUNERAL DIRECTOR Charles A. Rice FSPA

1300 Eutaw P1,

Md STATE

Whia Davidson-Randall



STATE OF MARKEEMIND		ST	ATE	OF	MARYLAND
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46130	1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IEND - REG. NO	2 3 6	÷
or, page 3		CEASED NAME FIRST E OR PRINTS  WALT	ER H		S. DATE C	OF BIRTH		MONTH DAY YEAR 1985	
nerol directo		Male IRTHPLACE (STATE OR FOREIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  3925 Beech Avenue #51		NEVER MARRIED	87 YRS.		
7		ITY OR TOWN OF DEATH  Baltimore  JAL RESIDENCE 18 NURSING HOME OF	3925						
etely lines of the prince of t	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130 STATE  130 COUNTY  MD  131 FATHER'S NAME FIRST  Walter  B. Kincannon  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130 INSIDE CITY YES  NOTHER'S MA  Willia  Willia	YES NO 13 MOTHER'S MAIDEN NAM	ME MIDDLE	ch Ave., 2					
n ond comple Pages and		WAS DECEASED EVER IN U.S. A	. Kir			William	Ella		ks ame
quires that the death certific signed by the attending phen please remove carbon parts burial, cremotion, or remotive, or other traumatic even	No	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM			5 Y R
N: The low recystron. cote hos been consit permit. I Hygiene prior I B shows ony in	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	216. TIME O	OF INJURY		N WAS PERFORMED	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	NO [
AL OR ATTENDING PHYSICIA  I the hospital or outending ph AL DIRECTOR: After this certifi defroched for use as the burial-in ote Dept. of Health and Mental II. If them 21 is marked or frem 1	MEDICAL	OR CONTRIBUTING CAUSE OF DI LIFETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that this hasp sow the deceased alive a above 11 Javes die died in 22b SIGNATURE	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY OFFICE, FA	RM ETC)		CITY OR TOV  CITY OR TOV  CITY OR TOV	ote and hour and from t	STATE  L. that (T) (we) lost the causes stated  JE SIGNED  28/8-5
o HOSPII.		Dr. John A.		, III, M	D	201 E. Univ	ve <b>r</b> sity Pky	vv. Balto	. MD

DHMH - 16 60M 7/B4

(VRA 15, 4)

Burial 8/30/85 4905 York Road Balto., MD 21212

Druid Ridge

CITY OR TOWN
Pikesville MD

STATE

COUNTY

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
AUG 30 1085 Julia Davidson-Hondard

H. ZING FINGING STATES STATES

LE. CONTE. DATE, III, NA. 201 E. COVARTE PAR., NE

ALCE YORK HOLD IN., CO.

1300 Eutaw Place

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

was Devidson-Adapted

DIVISION OF VIT

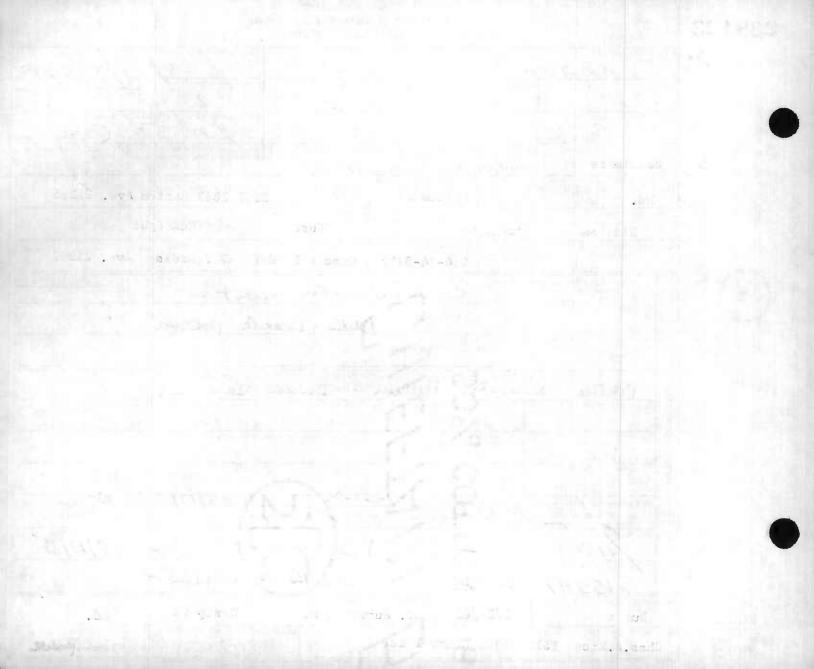
DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR

Chas.A.Rice

FSPA



235124	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYDIENES  CERTIFICATE OF DEATH  STATE OF MARYLAND  2 2 3 7 0						
noy be poge 3	I. DECEASED NAME FIRST	EST	KING	REG. NO.  20. DATE OF DEATH MONTH  AUGUST 14,	an moon			
oge 4 moy rector. po urs ofter d	3. SEX	1 RACE	5. DATE OF BIRTH 25-189		IF UNDER LYEAR IF UNDER 21 HRS MONTHS BATS HOURS MIN.			
ol di	70. BIRTHPLACE (STATE ORFOREIGN	76 CITIZEN OF WHAT COUR	MARRIED DIVORCED					
be not the	Baltimore	VA Medical	Center Baltimore MD	STEVEDO	E CONSHORM			
ompleter illid	IN FATHER'S NAME STATES	AUTO CE	IS MOTHERS MADEN	NAME OWN	STANE NO			
be execu	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)	ARMED FORCES? 166 SOCIAL SOLIAL SOLIA	1 1239 INFORMANT	/BROOKS	821 MMD0000			
h certificate Idina hin or i	PART I. DEATH WAS CA	DIATE CAUSE (0) 131	it lower lobe pyle	moria	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
that the death d by the attendi lease remove cor iol, cremation, on or other troumat	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause loss	DUE TO, OR AS A CON	piration	forct	days 2 weeks			
low requires os been signe sermit. Then place prior to burn we ony injury, o	PART 2 OTHER SIGNIFICAL  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN		G TO DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED SETTIFYING CAUSES OF DEATH? YES \( \text{NO } \)			
Sician: The physicion of physicion of certificate his priol-tronsit presented Hygier them 18 show	OR CONTRIBUTING CAUSE C	HOUR A.M. MONT	H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITE				
or ottending PHY After this so the build hond M norked or	AT WORK AT WORK	21e, PLACE OF INJURY (AT HOME STREET, FACTORY (		CITY OR TOWN	COUNTY STATE			
OR ATTENDOR ATTENDOR DIRECTOR Cobed for uss Dept. of Hem 24. is 1	sow the deceased aliv	e on August 14 XVot) view the body ofter death	4.00	5 , to AUGUSA 14 room death accurred on the date on	,			
PITAL Oby the by the ERAL Doe detoco Stote DANT: If	TRE PHYSICIAN'S NAME (	10 mms	ATTENDING PHYSICIAN 278: ADDRESS	G MEDICAL STAFF N DIRECTOR PHYSICIAN [	7/6			
of of whom who was a second of the way of th	230 BURIAL CREMATION, REMO	VAL 236 DATE 270-85	3900 Loch	Raven Blud. Bal	timore MD 21218			
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR BROWN THOMP	ON F.H. 1913	OFFICE SOLVERSON FULL	DATE REC'D. BY REGISTRAR 255 RIV	EGISTRAR'S SIGNATURE			

Control of the Contro

### STATE OF MARYLAND 228165 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINT 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) YEAR 60 70 BIRTHPLACE I STATE OR FOREIGN COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED TO & CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! LTYPE OF WORK FOR MOST OF WORKING LIFE! University JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13e.STREET ADDRESST/ ZIP CODE 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE < MIDOLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Elouise Stephens 5311 nKnowr 18 CAUSE OF DEATH Enter only one cause per line for iai, (by ond ic) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause lot, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED Jillin: AUTOPSY Hygie 71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY TIE HOW INJURY OCCURRED (ENTE 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN I AT HOME STREET FACTORY OFFICE FARM, ETC ) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an. abave, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? IN ITEM TO PART 1 OR PART 21 COUNTY STATE and that in (my) (aur) apinion death accurred an the glate and have and from the causes stated ATTENDING MEDICAL be deta e State [ FUNERAL PHYSICIAN DIRECTOR PHYSICIAL MPORTAN 22e ADDRESS the the 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE Burial 8/17/85 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Win, C. March E/H (VRA 15, 4) 1101

2b. HOUR

125 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21207

IF UNDER 1 YEAR

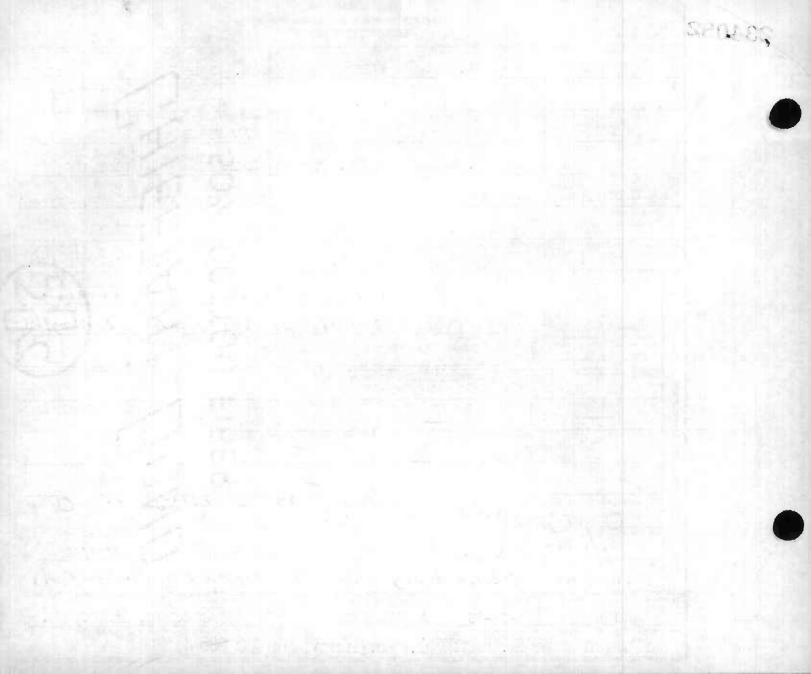
INDUSTRY

DHMH - 16 60M 7/84

### STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

82	1	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	aine 5 2 2	3 / 2
,0,0	-	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  2a DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
		WALTER	В.	KLEINER	AUG. 13,1985	8:25Pm
	3 S		4 RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
		MALE	WHITE	JAN. 8, 1902	83 YRS	DNIHS DAYS HOURS MIN.
e) G	7a. l	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
ge !		NEW YORK	USA	WIDOWED DIVORCED	BALTIMORE CITY	MD
20		BALTIMORE	2908 W. STRAT		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SALESMAN	126 KIND OF BUSINESS OR INDUSTRY CLOTHING
5	13a	MARY LAND 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 13; CITY OR TOW BALTIMO	RE YES X NO	130.STREET ADDRESS / ZIP CODE 2908 W. STRATHMO	RE AVE. (21209
gmine	14 F	ATHER'S NAME FIRST SIGMUND	MIDDLE KLEINEI	R BERTHA	ME	WERNER
200	160	WAS DECEASED EVER IN U.S. A			ADDRESS	
e medic			ive war or dates) 308-05-		KLEINER 2908 W. S	
event, tn		PART I. DEATH WAS CAUS	only one cause per line for (a , (b) and ED BY:	PIRATORY ARI	REST	BETWEEN ONSET AND DEATH
plory, or other froum	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	vocpranding of	AINAL DISEASE OR CONDITION GIVE	2 Months
Z Z	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO X	WERE FINDINGS USED ING CAUSES OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	TT 1 OR PART 2)
Tked or -	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION	CITY OF TOWN	COUNTY STATE
21 із то		22a I certify that (I) (this hasp	ortal) attended the arranged from	and that (my)(our) opinian	deoth accurred an the date and haur	nd from the causes stated
ZT. If Hear		226. SIGNATURE	colm 2 h		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 8/14/85
IMPORTAN		MALCOLM	S. DRUSKIN, V	W) 600 REIS	TERSTONU PD, P	(KESVILLE, W)
4	23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
-	24	BURIAL UNERAL DIRECTOR COL	8-15-85 HA	R_SINAI CEM	OWINGS MILLS,	
A 7/84		6010 REISTERSTO	LEVINSON & BROS. DWN RD. BALTIMORE	., MD. (21215) AU	G 2 0 1985	deroon Aliane

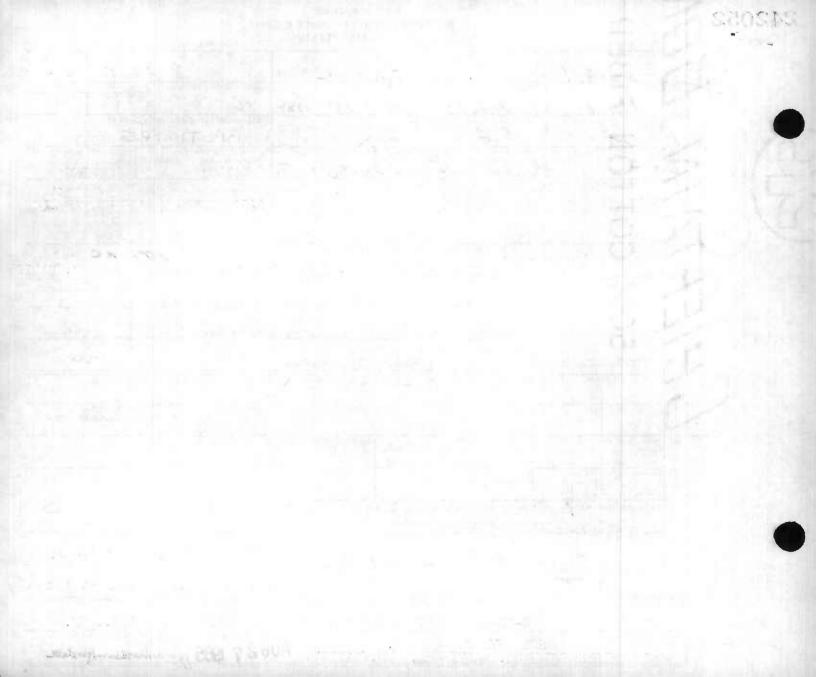


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DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD. BALTIMORE., MD. (21215)

June Daydon Handall



26 AUG 85 | Sherwood Episcopal

emmon Padonia & York Rds.

Cockeysville, Balto. Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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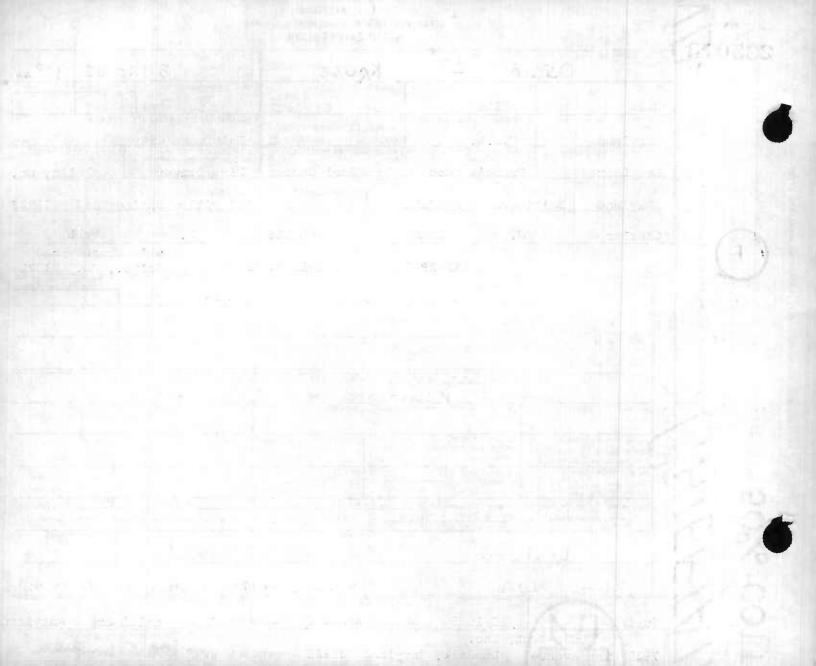
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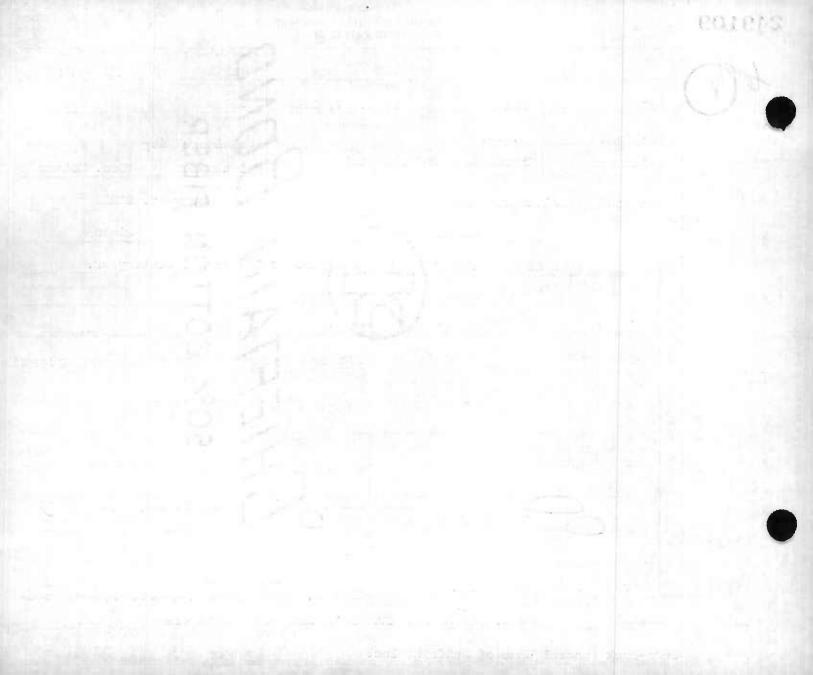


### STATE OF MARYLAND

	100	REGISTRAR		CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME	FIRST	1	MIDDLE		IASI		20. DATE OF DEATH		DAY YEAR	2b HOUR	
	17777	J. Phints J	ohn	Lacher			r	- 1	August 30		, 1985 5:40A		
١	3,562	x	4	RACE	27.3		E OF BIRTH	-	AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS	
J	١,	Male		White			pt. 7, 191	AR 1.5	69	VDS	MONTHS DATS	HOURS MIN.	
	16. BI	RTHPLACE (STATE O	(STATE OR FOREIGN 76 CITIZEN OF		WHAT COUNTRY? 8. MARRIE				9 BALTIMORE CITY OR COUNTY OF DE			Н	
5	100	COUNTRY)					RIED NEVER MARRIE						
5					HOSPITAL, NURSING HOME C				120 PS JAT OCCUPATION 12b. KIND OF BUSINESS OR				
	I	Baltimore Church Ho				ome and offospital			Maintenance Gen. Motors				
5	0507	AL RESIDENCE (+ NA	E OR OT	HER INSTITUTION.				-				HOCOLD	
-		STATE	Do 14		13c CITY OR		13d. INSIDE CITY LIM		13e STREET ADDRESS 206 Denbur				
-		Maryland	Bait	imore	Dunda	alk	YES NO			A DI	. 21222		
l)	1	rest	MI	DDIE	LAS	1	FIRST		WIDDLE		Pistol	1	
5		John WAS DECEASED EVE	Lacher  D FORCES?   16b SOCIAL SECU		SECURITY NO	EVA IRITY NO. 17 INFORMANT		ADDRESS					
4	1	(IF YES, GIVE WAR OR			R DATES)			. 17	. Lacher 206 Denbury Dr.				
		Yes   WW II   212-01-4					Catherine	e E.	Lacher 200	Den		DAY DIVERSION	
		PART I, DEATH WAS CAUSED BY: Conditional Improvement										MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonary arrest											
		DUE TO, OR AS A CONSEQUENCE OF											
		Canditions, if ony, which ( b) Renal xxx failure											
		gave rise to immediate cause (a), stating the DUFTO OR AS A CONSPONENCE OF											
		underlying cause lost Diffuse intravascular coagulopathy and hypertens											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
	8	Anemia, thrombocytopenia											
2	CERTIFICATION	90 DATE OF OPER				TION WAS PERFORMED		200 AUTOPSY? 20b. IF YES		YES, WERE FIND	S, WERE FINDINGS USED		
£	100								YES NOW YES YES			JSES OF DEATH?	
1	183	210. ACCIDENT WAS U	NDERLYING	21b. TIME O	FINJURY		21c. HOW INJURY O	OCCURRE	D (ENTER NATURE OF INJU	IRY IN ITEM 1		140	
	1000	OR CONTRIBUTING	CAUSE OF DEATH		H DAY YE	AR	The state of the s						
	MEDICAL	21d. INJURY OCCU		P.		1	9 211 LOCATION						
	WEL			216 PLACE OF INJURY  [AT HOME STREET FACTORY, OFFICE, FAR					CITY OR YOWN		COUNTY	COUNTY STATE	
1	100	AI WORK AI WORK											
		200.1 certify that (I) this hospital attended the deceased from August 28, 19 85 to August 30, 19 85 that (I) (I) (I) lost											
		sow the decessed give on August 30 19 85, and that in (my Cour) opinion death occurred an the date and hour and from the causes stated above, (1) we) Idid I did not view house of the causes stated											
		22b. SIGNATURE					DEGREE				22c. DATE	SIGNED	
		Cano	es.	Ra	m s	e	D.O ATTENE	CIAN [	MEDICAL STA				
		228 PHYSICIAN'S	PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS										
		Carol S. Ramsey, D.O.  Church Hospital											
Ī	230 BURIAL CREMATION REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1234 LOCATION 1236 LOCATIO												21231
	1	(SPECIFY) Burial		Sept. 2	1985				Baltimo	re	утичоэ БМ	STATE	
	Burial Sept.2,1985 St. MAtthew's Cemetery Baltimore Md.  24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR'S SIGNATURE												

DHMH - 16 60M 7/84 (VRA 15, 4)

Duda-Ruck Funeral Home of Dundalk, Inc.



STATE OF MARYLAND 224095

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTI REGINIA LAMBERT AUGUST 03. 1985 9 . 30 PMM & AGE LIN YEARS LAST BIRTHDAY 3. SEX 4 RACE 20 Female White 10 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore City USA WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR Housewife WORKING LIFE INDUSTROME Church Hospital Corp. Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13d. INSIDE CITY LIMITS? "65F5" Hay twant st. 21224 Ballfimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDDLE MIDDLE Henry Burnham Kathleen Ward ADDRESS Balto Md 21222 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 213 18 4053 Ronald M. Lambert 7446 Berkshire Rd. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and ic

PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF (b) CHRONIC OBSTRUCTIVE PULMONARY DISEASE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ATRAIAL TACHYCARDIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

PNEUMONIA 190 DATE OF OPERATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

6-11-& 6-4-85 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

TRACHEOSTOMY BRONCHOSCOPY HOUR A.M. MONTH DAY

21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

211 LOCATION CITY OR TOWN COUNTY

220 I certify that (1) this hospital attended the deceased from MAY 23 sow the deceased give on AUGUST 03
obove. (I) see did did not view the body after death.

ATTENDING

19\_85, and that in (my Cour) opinion death accurred an the date and have and from the causes stated

SICIAN'S NAME LITYPE OF PRINT

CHURCH HOSPITAL CORPORATION

85 to XX august 103

JOHN R. BARTHOLOMEW M.D.

100 NORTH BROADWAY BALTO. MD.

23a BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 8-6-85

23c NAME OF CEMETERY OR CREMATORY Lake View

23d LOCATION

Sykesville Carroll Md.

STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

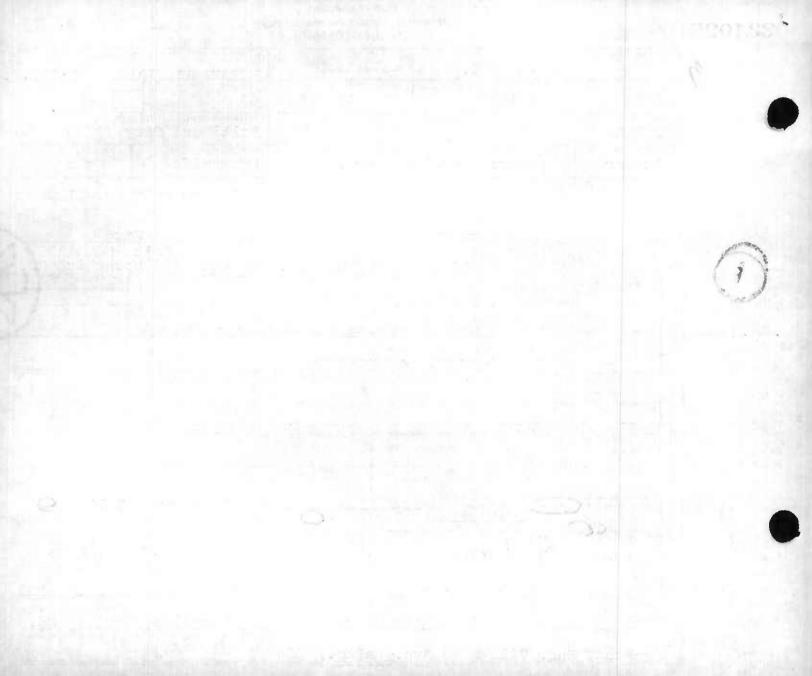
CERTIFICATION

MEDICAL

Duda-Ruck, Inc. 7922 Wise Ave. Balto., Md

DEGREE

250 DATE REC'D BY REGISTRARIZE REGISTRAR'S SIGNATURE



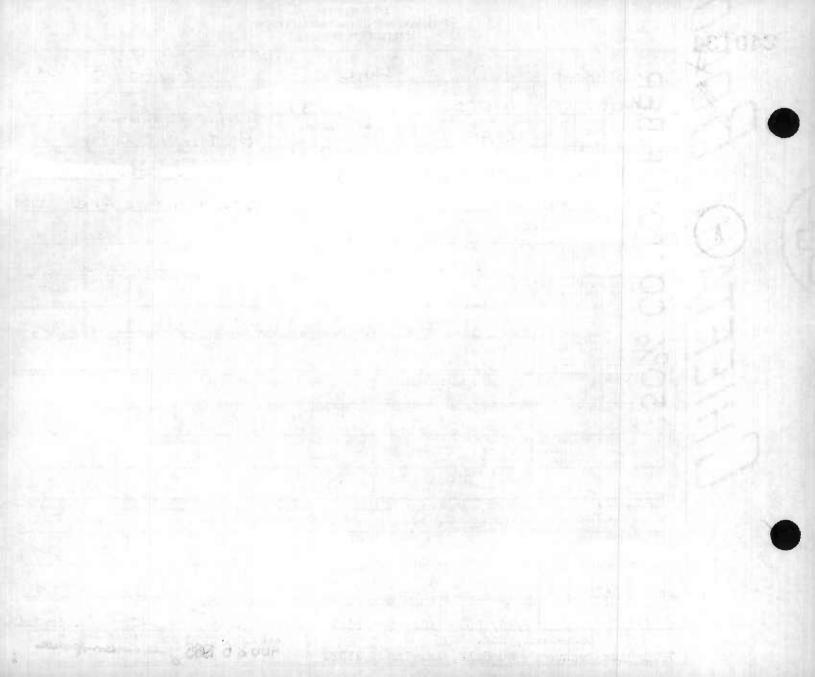
FOR STATE

STATE O	F MARY	LAND
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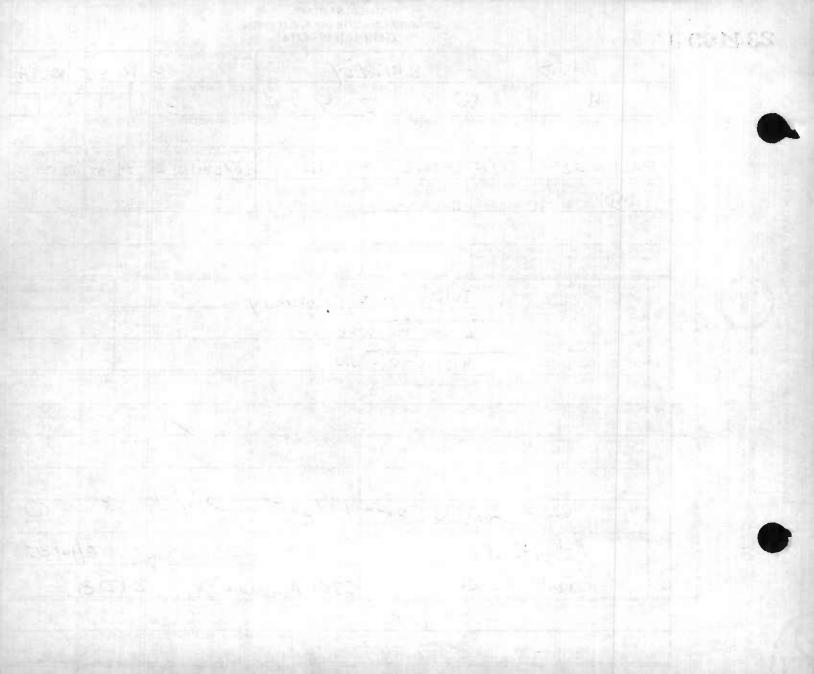
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

2 2 3 7 9 REG. NO.

240134	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
LOZOK		EASED NAME FIRST	WIDDIE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
be the	(TYPE	Roy	D.	L	ane	8	/23	185 1:40 AM
E 81 X	3-SE)		RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		RTYEAR IF UNDER 24 HRS
4 96 4		Male	white	MONTH	DAY YEAR	48	YRS	DAYS HOURS MIN.
1 12/0//			CITIZEN OF WHAT COUNTRY?	8	DIEVED WARRIED T	BALTIMORE CITY O		ATH
# 15000	10000	st Virginia	USA	WIDOW	DEVER MARRIED DIVORCED	Baltin	rore C	itu MD.
P P			1. NAME OF HOSPITAL, NURSIN	IG HOME O		12a USUAL OCCUPATI	ON 12b.	KIND OF BUSINESS OR
1 11 8/	1	Baltimore/	Mercy H	Lo. Sp	tal	Leader . Col		-Mobay Chemica
00 10 10		TATE.	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)				
24		1	13c. CITY OR TOW	N	134. INSIDE CITY LIMITS?	7602 AV		Ave 21224
		THER'S NAME		1	15 MOTHER'S MAIDEN NAM	\E	077. C C/ C	7
B ( A A )	1		Darr Lane		Samantha	Ellen		Brady
5 6	16a V	AS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRE	SS	
8 8 9	No		233-60-	5892	Karen F. Lan	e	Same a	s 13e
d be be	140		ane cause per line for (a), (b), an	dict.)	1.01.01.01			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys popp povor ent,		PART I. DEATH WAS CAUSED	BY:		nest			10 mm
ing rer		IMMEDIATE			<i>'/C'</i>			1 1
tend on, o		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	TIT	Astrocytora	of fronto pari	etal brain	8/6/85
he do or		gave rise to immediate cause (a), stoting the	(6)	Name of the last	13770	- P		
by the sse rate of the		underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF			10000	
ned the		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART IIa
sign Then to b	NO	None						
been prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED
w ws	TIFIC	8/12/85	Biopsy of 1	Brai	in Turor	YES NO P	YES [	CAUSES OF DEATH?
N Thy	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D		214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OF	(PART 2)
A de de la	AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	-			
HYSIC nding his cer burio d Ment	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	wn cc	DUNTY STATE
offer the sthe	×	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE F	ARM EIC)	SINCE			
ADIN or se o se o		220.1 certify that (1) This haspita	al) attended the deceased from_	8	122 1985		PS 19.8	, that (l) (we) lost
TIEN TOR for to of H		sow the deceased alive on abave, (1) (we) (did ) (did not	view the hady after death	85.0	nd that in (my) (aur) apinion d	eath occurred on the de	ate and have and f	ram the causes stated
hos hed hed ept tem		226. SIGNATURE			DEGREE		27	A DATE SIGNED
AL D the the letoc te D te D		Bonald	E. Miller	MO	ATTENDING PHYSICIAN	MEDICAL STAI	IANO	8/23/85
HOSPITA HOSPITA FUNERA VId be de VITANT		274. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS			
O HOSPIT, eroined by TO FUNER, should be d with the Sto		DONALDE	. MILLER		2256ree	ine St F	Baltim	ore Md
0 € 5 € § €	23a B	URIAL, CREMATION, REMOVAL	23b DATE 23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		specify)	8/26/1985 C1	av Me	morial Gardens	Clay	Cla	
DHMH - 16 60M 7/84		INERAL DIRECTOR Duda-Ru	ick, Inc. ADDRESS			REC'D. BY REGISTRAR	25h REGISTRAR'S	SIGNATURE
(VRA 15, 4)		922 Wise Avenue	Dundalk, Mar	yland	21222 A	0626 1985	1 mer wer	idson-Handson

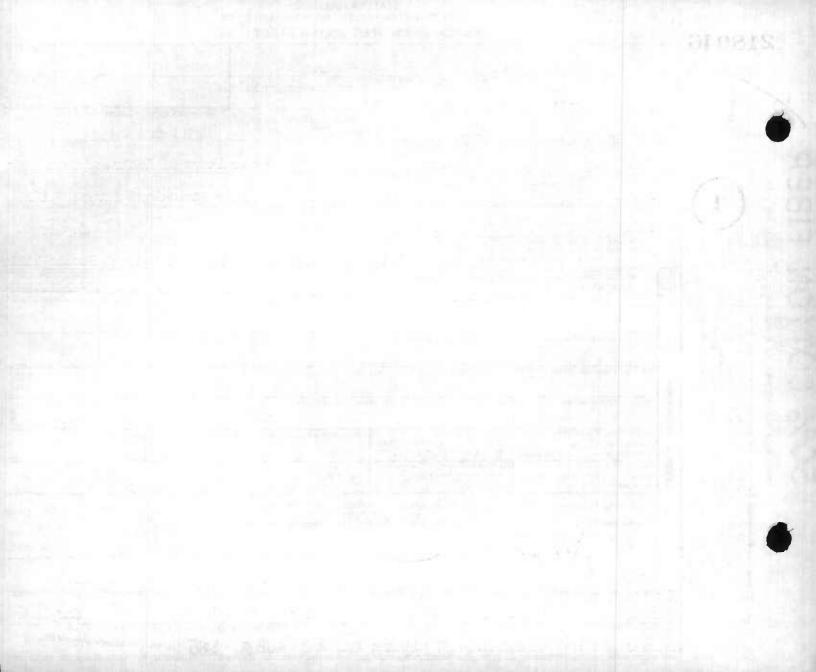


,	23416:	9	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTA ICATE OF DEATH	40.	2 REG. NO		8 )	
-	noy be poge 3 rr death			PAUL DAVI		MIDDLE	LAN6				B 10	85	1025 AM
/	oge 4 mo	1	3 SEX	M		W	MONI	of Birth	34	GE (IN YEARS LAST BIRTH	YRS. MONT	THS DAYS	HOURS MIN.
4	deoth. Pe	35	CC	RTHPLACE ,(STATE OR FOREIGN DUNTRY) MD	1	WHAT COUNTR	MARRIE				imore	City	MD.
201	by the f	Supply of the state of the stat	E	SALTIMORE	MARIA	TE322	O th	OSPITAL	(TXP	USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIEE)	MOUSTRY CETING	BUSINESS OR
AND 21	in 24 hou y filled in	35		L RESIDENCE (IF NURSING HE	Allegany	130. CITY OR TO		134 INSIDE CITY LIMI YES NO [		street address 13G Jane I	razier	Villa	ige/2150
. MARYI	completel	exorand		THER'S NAME FIRST	(nfn)	LAST	CURITYANG	13. MOTHER'S MAIDE FIRST	ENNAME	(nmn)	c	LAST	
BALTIMORE	e exect	2		(AS DECEASED EVER IN U. ES, NO OR UNKNOWN) (1F YI	S. ARMED FORCES? ES, GIVE WAR OR DATES)	219-03		Rev. Judy	Cole				
	or removol.	nc event, t		18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one cause per AUSED BY EDIATE CAUSE (a)	Tuberc	ulos is	s, Pulmon	Jary			BETWEEN ON	ATE INTERVAL NSET AND DEATH
01 W. PRESTON ST.,	that the d by the lease rei	or amer traumo		Conditions, if any, whi gave rise to immedia cause (a), stating t underlying cause la	te he st (c)	MALDO							
AL RECORDS, 2	he low reg on. has been s t permit Th	shows only injury.	CERTIFICATION	PART 2 OTHER SIGNIFIC				NOT RELATED TO THE	21	DISEASE OR COND  ON AUTOPSY?  ES NO	206. IF YES, WIN CERTIFYING	ERE FINDING	GS USED
DIVISION OF VITAL	HYSICIAN: nding phys his certifica buriol-troi	9 mem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	MINER) HOUR A		DAY YEAR	21c. HOW INJURY O	OCCURRED	(ENTER NATURE OF INJUR)		OR PART 2)	STATE
PIVIS	R ATTENDING PH hospitol or attent IRECTOR: After the hed for use os the lept of Heolth and	1 Z I is morked	W	WHILE AT WORK  220. I certify that (1) this saw the deceased above, (1) (we) (did) (certify that (b) this saw the deceased a	hospital ottended the	ne deceased from	المان	nd that in (my (pur) or	B),	to Avg	10 19	85 , th	at (I (we)) ast
	Shep shep	E # # # # # # # # # # # # # # # # # # #		226. SIGNATURE	etfulo	0		DEGREE ATTENDI PHYSICI 122e ADDRESS	ING ME	EDICAL STAF	AND	B/IC	IGNED 85
	TO HOSPITAL OF TO FUNERAL D should be determined by the with the State D	MPOKIAN	12. 5	Kdae	rt Full	d	NAME OF C	10001	ng cycla	Je Dr.	217	218	
	BP		(5	URIAL, CREMATION, REMI PECIFY) Burial	08-14			emorial Cer	m.	Cumberla		ľĕgany	WPA
	DHMH - 16 50M 7/77 (VR A 15 (4))			NAME DIRECTOR James F. Scal	pelli, Cu	mberland	, MD 2	1500	So. DATE REC	D. BY REGISTRAR 2		'S SIGNATUI	-



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 218046 20. DATE KNOWN 1. DECEASED NAME YEAR MONTH (TYPE OR PRINT) OF EST1-DEATH MATED 19 85 KAREN SUE LANHAM 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 20. DATE LAST BIRTHDAY PRONOUNCED 21 1961 Pemale White 24 YRS DEAD Jan. TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED Baltimore City 18 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Baltimore Furniture finisher cabinetmaker Caton & Benson Aves. MALA L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 13h COUNTY 13c. CITY OR TOWN Maryland Baltimore 3156 Strickland Street YES X NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Anthony Mc Cullough Evelyn Snyder 166. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** YES, NO. OR UNKNOWN) 215-82-7938 Daniel Lanham 3156 Strickland Street 21229 NO 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Thoraco-abdominal trauma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Z NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 11: 2015 8-1-19 85 Driver of auto/truck collision. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21L LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK street Caton & Benson Aves. Balto, City MD Autopsy X AFTER DEATH, WITH THE 220. I certify that I took charge of the remains described above, held an and in my opinion Accident X Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 8-1-85 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Maryland Aug. 5 1985 Loudon Park Cemetery Baltimore Burial 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE rule Daydoon Randelle **DHMH - 17** Hubbard Funeral Home, Inc. 4107 Wilkens Avenue (VR A15 ME (5))

STATE OF MARYLAND



									ARYLAN	_					
	11.	FOR STATE				DEPARTM	ENT OF HE	ALTH	AND ME			22	3 8	1	
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3 4-18 95 V	1	FIRST			MIDDLE	LA	12	-	FIR	est		MIDDLE		LAST	
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2 SEA					one cause per line	for (o), (b), c	ond (c).)							APPROXIMA	TE INTERVAL
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A MAKE A		PART 2 OTHER	SIGNIFICANT C	DNDITIDNS CO	NTRIRUTING TO DEATH	RUT NOT RELATE	D 10 THE TERMINA	L DISEASE I	DR CONDITION	GIVEN IN PART 1	l (a)				
AL RECORDS  JUD BE DEC  TEMBLING  FEET MEDICAL  FEET MATTH AM  AL, CREMATI	Z														
A MEN	CERTIFICATION	19a. DATE O	F OPERATI	ION	19b CONDI	TION FOR W	HICH OPERAT	ION WA	S PERFORM	AED?			_	20 AUTOPS	43
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DIVISION OF VI WER: THIS CERTIFICATE SATE, WRITING THE WY FORWARDED TO THE OR, PAGE 3 SHOULD BE HE STATE DEPARTMENT IND, 21201 PROR TO BE IND, 21201 PROR TO BE										1	[37]		-		
N H N N H N		22a I cer	tify that I to	ook charge	of the remains de	cribed above	e, held an	Autopsy	<b>у</b> Ц.	Inspection	X, Inqui	ry 🔲 and	in my opi	nion	
A HOUSE A		deoth resul	Ited from:	Natura	causes K	Accident	, Suicie	de .	Homicia	de .	Undetermined	monner .			
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ZHREEZ Z	1	AND THE OTHER	1	-	10		1				MEDICALEX	AMINER	SIGINEL		
TANGE TO THE STATE OF THE STATE		EXAMINER'S	SNAME	Th	ornas D.	Smith,	M.D.		DDDECC .	111 Pe	nn St.	Balto.	, MD	21201	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STAMORE, MARYLAND, 2	22.0	URIAL, CREM					ME OF CEME		DDKE35		23d. LOCATION				
	230.6	SPECIFY)		NOVAL 736							CITY OR TOWN		COUNT	Y	STATE
07/84 BP		Burial			8/26/85	St.	Paul's	Cen			Point	of Rocks	Ma	ryland	
DHMH - 17	74 F	UNERAL DIRE	CTOR	131	7 000	not	4		72	DATE REC	C'D. BY REGIST	The state of		MATURE	
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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		REGISTRAR			CEKITI	ICATE OF DEATH	REG. N	0.		1	
	I. DEC	CEASED NAME FIRST	MI	DDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	TVPE	LUTHER	?	?.	LA	SSAHN	(	08 20	85	840	
	1.583		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 2	
	-	ale	White		MONTH	29 23	61	YRS		HOURS	MIN.
3		RTHPLACE ISTATE OR FOREIGN OUNTRY) Aryland	76 CITIZEN OF W		MARRIE WIDOWE	DIKKNEVER MARRIED DIVORCED	Baltimore City of Baltim	ore Cit			MD.
	-	TY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION I	12b. KIND C	F BUSINES	-
1	1	Balto. City		Hospita			Acct. Supe	ervisor	Balt.	. Cit	v
24	3a S	ALRESIDENCE IF NURSING HOME OR TATE 136 COUN	ITY	IVE RESIDENCE BEFORE 36. CITY OR TOWN Baltimor	4	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE			
-		THER'S NAME		DELCIMOL		15. MOTHER'S MAIDEN NAM		La Ita			
0		Louis	C.	Lassahn		Lillian			Kaise		
7		VAS DECEASED EVER IN U.S. AR		66 SOCIAL SECUI	RITY NO	17 INFORMANT	ADDRI	SS			
			WII	212-20-0	740	Elizabeth L	. Lassahn 1	.814 Win	ford	Rd.	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per li D BY: E CAUSE (a)	CARDIO		ARREST			BETWEEN BETWEEN	ONSET AND D	DEATH
d		Conditions, if any, which	DUE TO, OR	AS A CONSEQUE	ARZ	VIAL DIESE	MSE		740	us a	90
H		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE	NCE OF				0		V
Ŷ	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS COM	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	D	
	ATIO	190 DATE OF OPERATION	19b CONDITI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDI	NGS USED	
7	CERTIFICATION						YES NO	IN CERTIFYIN	G CAUSES	OF DEATH	12
7		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	1 21b. TIME OF HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2}		
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER			19						
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	(AT HOME STREE	F INJURY T. FACTORY, OFFICE FA	RM, ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	\$1	ATE
		220 1 certify that (I) (this hospi sow the deceased alive an	FILAR	deceased from _	-	19 85	to 8/20/	65 19		that (I) (w	
		abaye, (1) (we) (did) (did no			, or	nd that in (my) (our) apinion o	dearn accurred on the d	ote and haur an	d from the	couses stat	ed
		226 KNATURE S.	Suy	les 11	111	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA		220 DATE	SIGNED/	~
1		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS	,			10	
		DANA 5.	51H.	PLEK	140	MERC	4 HOS	PITH	4		F.
	23e. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(	Burial	8-23-8	5 G	arden	s of Faith	City or town	ltimore	, Mar	yland	ATE

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

Fynetal Home

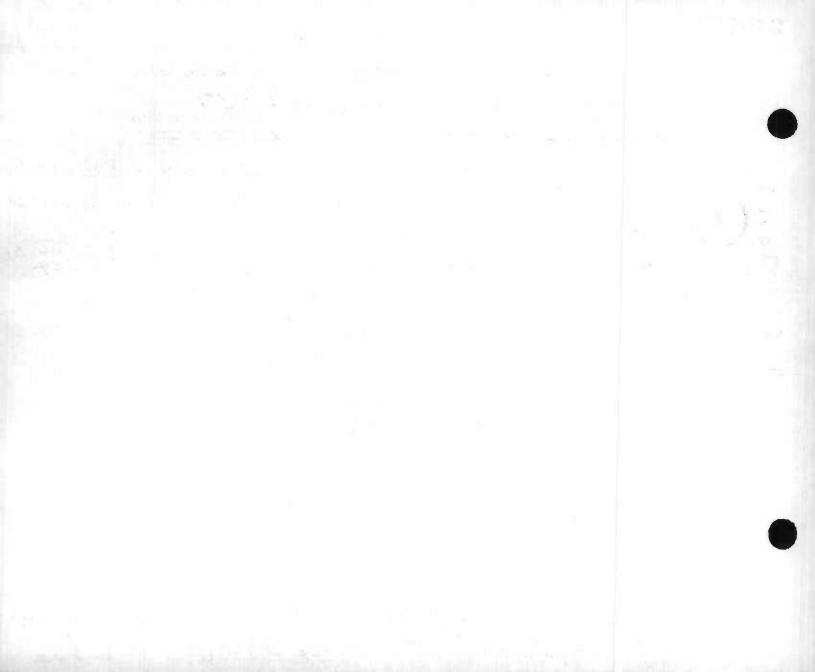
24 FUNERAL DIRECTOR

Gardens of Faith

1401 Belpin Rd. Bada
BALTO. MD. 21256

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246137/	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	GIENES 2 2	384
	I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ge pe	LOUI	SE M	LAZZARO	AUGUST 28, 1985	2:50 M
2 0 0	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR OF UNDER 24 HRS
ge 4	FEMALE	White	4 - 23 - 193	4 51 YRS	10013
Po Po	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Office 1720	MINNASOTA	L. S. A.	WIDOWED DIVORCED		MD.
ol by the fu	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE JOHNS HOPKINS	ING HOME OR OTHER INSTITUTION ET ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	7711 1 12
TAND 212	USUAL RESIDENCE IN NURSING HOME 130, STATE 13b, CO 14. FATHER'S NAME	- 1 m		3402 E. DA	16 St. 21229
A	O Joseph	MIDDLE KEI	ly first un	ADDRESS .	(UNK)
TIMORE CO.	160. WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	0-0722MR. BRU	ce Kelly 34	02 E. BHto. S.
ST., BAL	PART I. DEATH WAS CAU	only one cause per line for (a), (b), (SED BY:	andice Ave	N /	RETWEEN ONSET AND DEATH
eston geeth ce geeth ce geeth ce geeth ce carb iten, or r sumatic	Conditions, if ony, which	DUE TO, OR AS A CONSEC	VENCE OF A	reithesia	7 4045
by the dass remodel, cremod ather tree	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ	UENCE OF for K	10ho scoliosis	whole life
RDS, 20 equires 1 signed then ple then		T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMIN AL DISEASE OR CONDITION GIV	/EN IN PART Ito
he law range. hos been to permit. hos been to permit. TXON	190 DATE OF OPERATION 8/12/5/5/210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	HOPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
CIAN: T physician pol-tronsi		DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DIVISION OF VITAL RECOR	OR CONTRIBUTING CAUSE OF SIFE EITHER, NOTIFY MEDICAL EXAM!  21d. INJURY OCCURRED  WHILE NOTIFY HE AT WORK  AT WORK AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEND tologo	saw the deceased alive	spital) attended the deceased from on		on death occurred on the date and has	19 that (I) (we) lost our and Irom the couses stated
the hos AL DIRECT LORE LE Dept. If Item	226. SIGNATURE	d Arms A	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	221. DATE SIGNED 87 LM
O HOSPITA  TO FUNERA  TO FUNERA  With the Sto  MPORTAN	22d. PHYSICIAN'S NAME (TY)	SOW,	22e. ADDRESS	ins Holkins	HOSPITA
SELECTO	230. BURIAL, CREMATION, REMOV	AL 23b. DATE 236	NAME OF CEMETERY OR CREMATOR	CRIV BALLINGE.	COUNTY MARY THE
J µ	24 FUNERAL DIRECTOR	17 -3 13	263 5 (nikles) 250. D	ATE REC'D. BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	Joseph N.	LANNINO-	JR. St. 21224		Saviden Bardon



2/	16061	_	ems 18- for state	-22a mtb	F#607 9/				ARYLAND AND MENTAL	YGIENE 9	2	1 8	2 4	
<b>7</b>		1 DEC	REGISTRAR CEASED NAMI	E FIRST	ME	DICAL	EXAMIN	IER'S C	ERTIFICATE	PEATH 20. DATE K	REG. NO.	MONTH DAY	YEAR 7	2b. HOUR
	EASE TOR. JUES. SURS, REET,	3 SEX		LAK	ESHA Is date of birth		I AGE IN YE	EACH ARS LIE UIN	DER 1 YR. I IF UNDER	DEATH		-24-85	19 YEAR	2d DITHUR
1	AARY, PI DIRECTOUR F TOUR F TON STI	FI	EMALE	Black	9 11	YEAR 83	LAST BIRTHO	AY) MONTH		MIN PRONOUNG DE AD	0-	-24-85	19	11:2
	LOREAN PREST	Ma	RTHPLACE (S REIGN COUNTRY) Arylan	d	76 CITIZEN OF W		VTRY?	MARRI WIDOW	ED NEVER MARR	ED 4	imore (	City	EATH	MD
	DELY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. IN PAGE S FOR YOUR FILES. DB EFILED, WITHIN 72 HOURS, RDS, RD W. PRESTON STREET,		Baltimo		1604 BY			OR OTH	ER INSTITUTION	FOR MOST OF WORK			ND OF BUSI R INDUSTRY	INESS
21201	TC/ORDS EF	13a S		13b. COUN	OR OTHER INSTITUTION G	13c. CITY	e BEFORE ADMISSIN Y OR TOWN 1 timor		13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRES 1604 N.	s Brad	ford S	St.21	1213
ORE, MD.	DEATH P	14. FA	THER'S NAME FIRST Willi		MIDDLE B.	Lea	LAST ach CIAL SECURIT		IS. MOTHER'S MAIDE FIRST Barbar	NAME	A. ADDRESS		LAST	
ALTIM	URS AFTER I B. GIVE PA( WITH FOR) T. PAGES I DIVISION	(4)	s, no, or unkno known		WAR OR DATES		N/A	TNO.		A. Jones		N Bra	adfor	rd S
RECORDS, 201 W. PRESTON S	D BE EXECUTED WITHIN 24 HOV PENDING". IN PENCIL IN ITEM 1 MEDICAL EXAMINER ALONG AS A BURIAL-TRANDIT PERMIT AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	NO	Condition gave ri couse (o) lying cau	ns, if ony, which se to immediate stating the under- use last.	TE CAUSE (o)	Mic Mic RASACON	Chopneu NSEQUENCE ( TOCOP) NSEQUENCE ( ATEO TO THE TERM	of naly of	OR CONDITION GIVEN IN PA	RT 1 ·a·.				
	WORD "PENDIN WORD "PENDIN IE CHIEF MEDIC BE USED AS A B ENT OF HEALTH, BURIAL, CREM	CERTIFICATION	19a DATE OF	OPERATION	19b. COND	TION FOR	WHICH OPER	ATION W	AS PERFORMED?				UTOPSY?	NO []
DIVISION OF VITAL	TING THE STANDED TO THE STANDING STANDING PRIOR TO PRIOR TO PRIOR TO THE STANDING PRIOR	MEDICAL CER	UNDERLYING CONTRIBUTION 21d. INJURY CONTRIBUTION	OCCURRED	DEATH P.A	A. MONTH		21f. LO	OW INJURY OCCURRE	D LENTER NATURE OF INJU		COUNTY		STATE
•	MEDICAL EXAMINER: THE COTE THE CERTIFICATE, WAS A SHOULD BE FORWATED FOR THE STATE OF THE STATE	1	ATTORA	fy that I took chorded from: Notu	ge of the remains de prolocuses , , , , , , , , , , , , , , , , , ,	Accident Ly	- su	Autopoicide M	Homicide TITLE (SPECIFY)	Undetermined mor	nner .	DATE SIGNED	-25-8	35
07/84	BB/1391	Bt	JRIAL, CREMA JRIAL	TION, REMOVAL	236 DATE 8/29/85			METERY O	Cemetery				Mď.	TE.
25M	DHMH - 17 (VR A15 ME (5))		NAME MA		Inc. 1	101	E Nort	th A	venue AUG	2 9 1985		Adon-Ad		

## STATE OF MARYLAND

I D	REGISTRAR			ICAIL OF DEATH	REG. NO.		100
	PECEASED NAME FIRST	WIDDLE	LEAHY	AST .	26. DATE OF DEATH M		
L	MARY	L,			AUGUST 27		11:53
1.5	FEMALE	4. RACE WHITE	JULY	18 1915 YEAR	6 AGE (IN YEARS LAST BIRTHI		YEAR IF UNDER 24 HRS
, 7a.	BIRTHPLACE (STATE OR FOREIGN TURKEY	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWE NURSING HOME O		BALTIMOR		MD.
ľ	BALTIMORE	THE JOHNS	HOPKINS	HOSPITAL	SCHOOL TE		ECIAL ED
13e	UAL RESIDENCE (IF NURSING HOME 13b. COI	UNTY 13c. CITY	OR TOWN TIMORE	138 INSIDE CITY LIMITS?	3917 KESW	ICK RD.	21211
14.	FATHER'S NAME FIRST  CHARLES		EWIS	15. MOTHER'S MAIDEN NAM FIRST LOUISI	MIDDLE	-	JARLES
160	WAS DECEASED EVER IN U.S. A (YES NOOR UNKNOWN)  IN YES, (	TIVE WAR OR DATES)	07-4941	SANDERS FU	NERAL ROME		79401 CK, TEXAS
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	SED BY	1), (b), and ic	ive.			PROXIMATE INTERVAL VEEN ONSET AND DEATH
1	Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	INSEQUENCE OF				
×	underlying cause last.  PART 2. OTHER SIGNIFICANT			NOT RELATED TO THE TERM		ITION GIVEN IN PAR	RT 1ra
TIFICATION	underlying cause last.		WHICH OPERATIO	NOT RELATED TO THE TERM	20g AUTOPSY?	ITION GIVEN IN PAR  70b. IF YES, WERE FII IN CERTIFYING CAL YES	NDINGS USED
CERT	PART 2. OTHER SIGNIFICANT	196 CONDITIONS CONTRIBUT	NG TO DEATH BUT RWHICH OPERATION	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, WERE FII IN CERTIFYING CAL YES	NDINGS USED JSES OF DEATH? NO []
486	PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  STUBBLE SIGNIFICANT  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF D	196 CONDITIONS CONTRIBUT	WHICH OPERATION AND THE DAY YEAR	NOT RELATED TO THE TERM N WAS PERFORMED The Houry's m	200 AUTOPSY? YES NO	20b. IF YES, WERE FII IN CERTIFYING CAL YES IN ITEM 18 PART I OR PAR	NDINGS USED USES OF DEATH? NO  12)
CERT	Underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  SUBSECTION  71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  MILE NOTIFY OF THE ALTWORK  27a I certify that (1) (this has saw the deceased alive of the same	196 CONDITION FOR  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTOR)	NTH DAY YEAR  Y Y, OFFICE, FARM, ETC.)  d from  19  4  10  10  10  10  10  10  10  10  10	NOT RELATED TO THE TERM N WAS PERFORMED  THE LOCATION STREET  19  The location of the term  19	200 AUTOPSY?  YES NO  TO CHIT OR TOWN  TO NO TOWN	20b. IF YES, WERE FII IN CERTIFYING CAL YES  IN ITEM 18 PART I OR PAR N COUNT 19 e and hour and from	NDINGS USED  JSES OF DEATH?  NO   17:)  Y STATE , that (I) (we) last at the causes stated
CERT	Underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  8 26 85  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BO (IF EITHER NOTIFY MEDICAL EXAMINATION OCCURRED  WHITE AT WORK  27a   Certify that (1) (this has	196 CONDITIONS CONTRIBUT  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTOR)  101 ATTENDED THE FACTOR  21 A VIII -	NTH DAY YEAR  Y Y, OFFICE, FARM, ETC.)  d from  19  4  10  10  10  10  10  10  10  10  10	NOT RELATED TO THE TERM N WAS PERFORMED  THE NORTH THE TERM THE TE	200 AUTOPSY?  YES NO CITY OR TOWN  ta Start accurred on the date  MEDICAL STAFF	20b. IF YES, WERE FII IN CERTIFYING CAL YES  IN ITEM IS PART I OR PAR N COUNT 19 22c D	NDINGS USED USES OF DEATH? NO  12)  Y STATE , that (I) (we) last

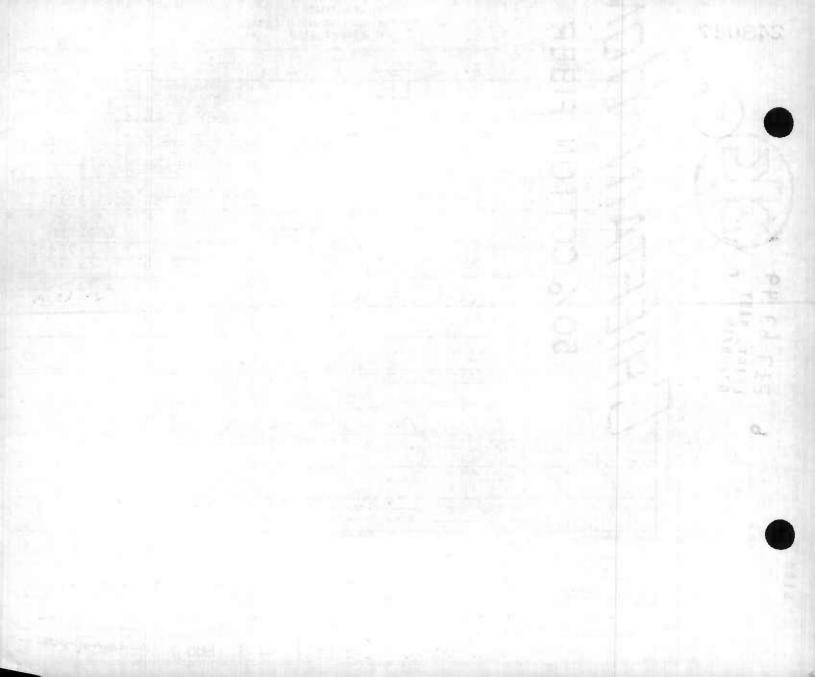
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(VRA 15. 4)

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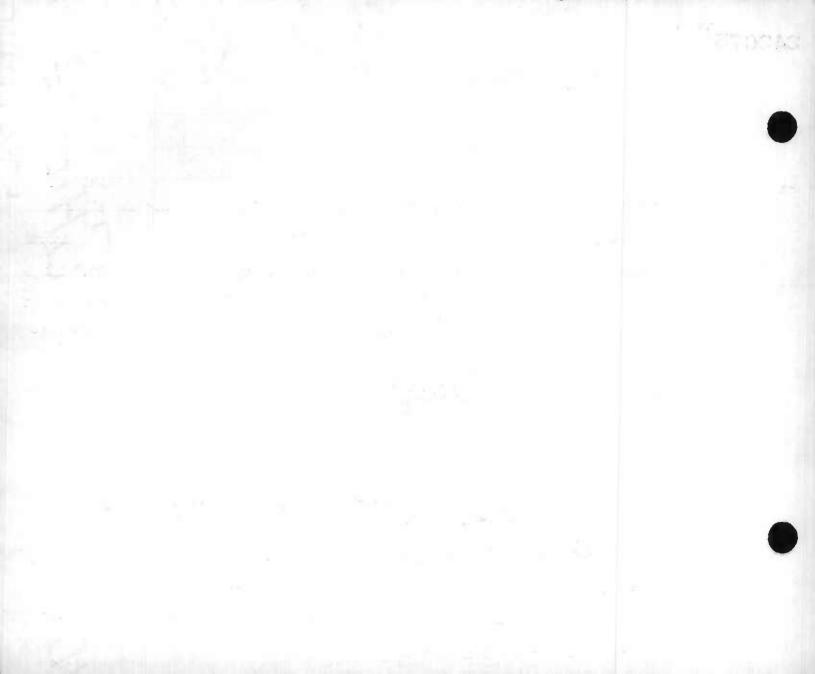
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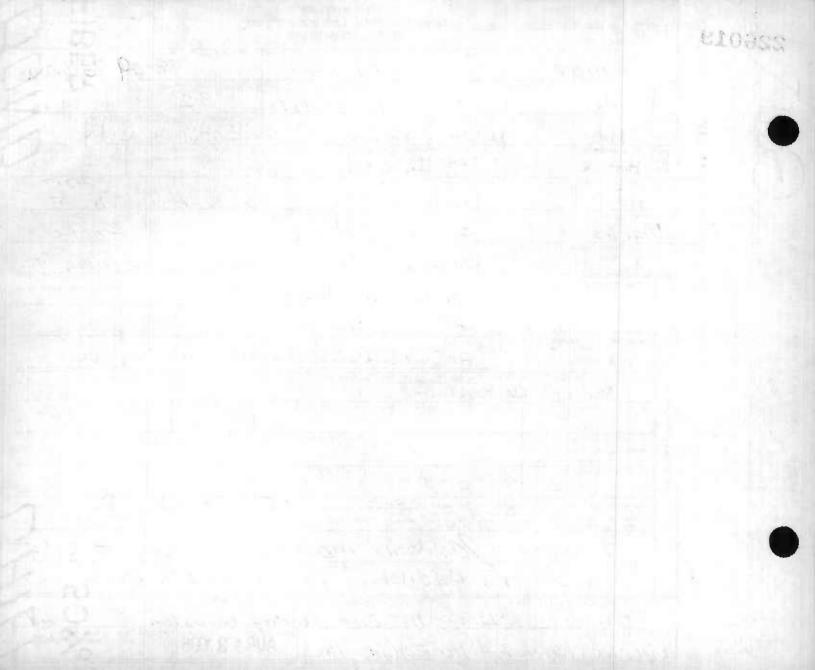


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242075	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 2 2  CERTIFICATE OF DEATH  REG. NO.					
		CEASED NAME FIRS		MIDDLE		AST (	20 DATE OF DEATH	MONTH DAY YEA	10017
3 75	TITPE	OR PRINT) BEN	JAMIN C	Clayton	LE	DDON	0	8-26-8	5 7 BM
d you	1. SE	(	4. RACE	Lay con	5 DATE	OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	EAR IF UNDER 14 HRS
4 96 4		MALE	W	nite	MONE	17 20	65	YRS.	AYS HOURS MIN.
P. 62		RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY	? B	D 🖾 NEVER MARRIED 🗆	9 BALTIMORE CITY O	R COUNTY OF DEAT	A
40 00 00		arvland	J	U.S.A.	WIDOW	_	BALTI	MORE (	LITY MD.
1 1	10 C	TY OR TOWN OF DEATH		F HOSPITAL, NURS		OR OTHER INSTITUTION	126 USUAL OCCUPATI		ID OF BUSINESS OR
5 0 1	12	ALTIMORE	BON	SECOU		HOSPITAL	Policeman		City of
Poor Poor		AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTIO	I 30 CITY OR TO		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	Bal	timore
2 2		aryland		Baltimo		YES NO	2232 Eagle		1223
ely and		THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE	11121 11121	IAST
		Irving	MIDDLE	Leddo	n	Helen	WIDOLE		Cutter
Secure Secure		VAS DECEASED EVER IN U.		20000	0.0	17 INFORMANT	ADDRE	SS	- Cultis
W = 00 0	(	YES, NO OR UNKNOWN) (IF YI	ES, GIVE WAR OR DATES)	213-01-	6251	Elizabeth A.	Loddon 22	32 Eagle S	+ 21222
the by		18. CAUSE OF DEATH (Ent				LILL Zalkelli A.		AP	PROXIMATE INTERVAL VEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOKE, MARYLAND 2120  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician and creations.  Where this certificate has been signed by the oftending physician and creating that the ord mental transfer the please remove corbon papers. Pages and creating the ord Mental Hygene prior to buriol, cremation, or removal.  The control of the manifest transfer transfer transfer transfer transfer transfer transfer to orked or them 18 shows any injury, or other transmitted event, the mentical transfer transfer to orked or them.		PART I. DEATH WAS CA	EDIATE CAUSE (o)_	OR AS A CONSEO		ilure - a	rrest	- 1	memedecke.
deot nove orion		Conditions, if ony, which		His	feter				Soyra
hot the by the ose ref other		couse (a), stating the		OR AS A CONSEO	UENCE OF				
RDS, 201	NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAR	I Iro
The low recion.  The hos been sait permit.  Since prior	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHIC	H PERATIC	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAU YES	
AN: The AN: The Answer of the		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	LIGUE	OF INJURY A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	[2]
HYSICIAN: Ading phys ading phys as certifico buriol-tros I Mentol Hy or them 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		P.M.	19	211 105 171011			
NG PHY: offer this os the but thood M orked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME.	E OF INJURY STREET, FACTORY OFFICE	FARM ETC }	211 LOCATION STREET	CITY OR TO	WN COUNT	STATE
Af or Af		220 I certify that (1) (this	hospital) attended	the deceased from	_0	ct 19 763	to ace	19.83	, that (I) (we) lost
Spritol CTOR I for u		sow the deceased ali above, (1) (we) (did) (d	re on	dy often death.	85.0	nd that in (my) (aur) opinion	death occurred on the d	ne and hour and from	the couses stated
OR A DIRECTOR		276 SIGNATURE	9 /	I A	2	DEGREE	115D1611 671		ATE SIGNED
PITAL C by the LERAL D See defoce Store D ANT: If		Her	wan IT	, Bayl	us		MEDICAL STA	IAN [ 2]	Qua 85
HOSPITAL Ined by 11 FUNERAL Uld be det orthant:		22d. PHYSICIAN'S NAME	TYPE OR PRINT)	0		22e ADDRESS			9
TO HOSPITAL retoined by th should be deter with the Store MAPORTANT: 1		Herman H. B	aylus			1600 Wilken	s Avenue		
75 5 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION	COUNTY	NA SLATET
BP		Burial	8/30	)/85	Loudo	n Park Cemete	~	ce	Marylan
DHMH - 16 50M 4/B3		UNERAL DIRECTOR		ADDRESS		21229 25a. DAT	E REC'D. BY REGISTRAR		
(VRA 15, 4)	H	UBBARD FUNERA	L HOME, ]	INC. 4107	WILKE	NS ATTOMA	16201985	CONT BRUKESON	-Marketines !



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 226019 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT) man 6 AGE LIN YEARS LAST BIRTHDAY) 4. RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 3. SEX YEAR DAYS 893 In BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IOCITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 113b COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YES IL NO timore IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO INFORMANT (YES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Elevente Cardionuscular Descare couse |o|, stoting underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DIVISION OF VIT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION ō 214 IN JURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 STREET NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from\_ saw the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 77c DATE SIGNED ATTENDING 100 MEDICAL STAFF State PHYSICIAN PI DIRECTOR PHYSICIAN [ MPORTANT. 22e ADDRESS th the 0 23d LOCATION 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN I SPECIET STATE BP REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250. DATA DHMH - 16 50M 4/83 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE S CERTIFICATE OF DEATH

22390

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
CHARLE	S ROBERT	LEE, JR.	AUGUST 16,1985	7:04A M
SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Male	White	July 24 1944	41 yrs.	MONTHS DATS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Pennsylvania	United States	WIDOWED DIVORCED [	BALTIMORE CITY	M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR
BALTIMORE	THE JOHNS HO	PKINS HOSPITAL	Iron Worker	Construction
SUAL RESIDENCE (IF NURSING HOME 30 STATE 136 CO	OROTHER INSTITUTION GIVE RESIDENCE BI	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	99466
IV	ork Delta		R.D. 3 Box 272	
FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN !	NAME	i AST
Charles	R. Lee		Ä.	Moore
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS	
NO (IF TES.	165-36	5-4072 Judy E. Le	e R.D. 3 Bos 272	Delta, PA
18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b)	, and (c·.	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAL	ISED BY:  HATE CAUSE (0) Cardio	pulmonaryar	iers	49 mm
0,0,0,0	DUE TO, OR AS A CONSE	DUENCE OF 1		
Conditions, if ony, which	( P) OPPOU	tunistic lung a	refection	1. 5 days
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OHENICE OF 11		9
underlying couse lost.		myopathy		
PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	EN IN PART Ito
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	ransplant or	Incucent preds	uson, dahe	tes 1 Juvento
190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		, WERE PINDINGS USED YING CAUSES OF DEATH?
				S NO
210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF	DEATH	19		
OR CONTRIBUTING _ ] CAUSE OF _ [IF EITHER NOTIFY MEDICAL EXAM! 21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE FARM ETC)	- ~1	57.4.1
22a I certify tho (1) (this ho	ispital) attended the deceased fro	om_ 8 13	5 10 110	19 85 , that (1) (ve) las
sow the deceased alive			on death occurred on the date and how	ond from the couses stated
226 SIGNATURE		DEGREE	FITTINGS OF ALL TRAIN	221. DATE SIGNED
( all	labilla	ATTENDING PHYSICIAN		110/85
226 PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADDRESS		1
Dalla	botta	1HH 600 M	LIOI EE CT BALTO	WD 01005
Be BURIAL, CREMATION, REMOV	AL 236 DATE 2	36 NAME OF CEMETERY OR CREMATOR		
(SPECIFY) Burial	Aug.20,1985	Slate Ridge Cemet	CITY OR TOWN	COUNTY STATE
FUNERAL DIRECTOR	1808 EV 1703 [	Drave Hinge Celler	DATE REC'D. BY REGISTRARI256, REGIST	RAR'S STEAMER BUT
John Harkins	600 Main Street		2.1 1985 yuland	A
A ATTT TIGHT IT TITO	OOO HETH DOTER	DOT OUT IN		

DHMH - 16 60M 7/84 (VRA 15, 4)

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S

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6	5	2	0	1

,	1 -	STATE REGISTRAR											
		CEASED NAME	FIRST	,	WIDDLE	L	AST	20. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR		
1		E	Laine			Lee		August			7:00PM		
	3 SEX		4.	RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	WONTHS DAYS	HOURS MIN.		
		Female		Neg			27, 1922	63	YRS				
39		RTHPLACE (STATE OR F	OREIGN 76		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED X	9. BALTIMORE CI	TY <u>OR</u> COUNT	Y OF DEATH			
2		ryland		US		WIDOWE			nore C:		MD.		
0		TY OR TOWN OF DEA	ATH III		HOSPITAL, NURSIN TH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCU			OF BUSINESS OR		
Ž.	-	Baltimore			land Gene		Hespital						
5	13a. S	AL RESIDENCE (IF NURS TATE aryland	13b COUNTY		Baltimo	/N	13d INSIDE CITY LIMITS?	13817 SE	· Paul	St. 21	202 pt.609		
	14. FA	THER'S NAME	MK	DOLE	LAST		15 MOTHER'S MAIDEN NA		N.E.	1/	AST		
	Larry				Lee		Lillian			Lee			
	£ Y	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  _{YES, NO OR UNKNOWN}   {IF YES, GIVE WAR OR DATES}			166 SOCIAL SECURITY NO. 17 INFORMANT				ADDRESS				
1	No				212-14-	3771	etta Avenue						
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) = PART I, DEATH WAS CAUSED BY:									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (b) Cardiopulmenary Arrest												
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if ony, which (b) Oat Cell Carcinoma											
		couse (o1, stoting the underlying couse lost.											
		(c)											
1	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	ATIC	Congesti			OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120h IF Y	ES, WERE FINDINGS USED				
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	CERTIFICATION	218. ACCIDENT WAS UNE	DERLYING [	21b. TIME O	OF INJURY 1216 HOW INJURY OCCUR			YES NO YES NO			NO []		
7	AL C	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19											
	MEDICAL	21d. INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION						
	W	WHILE AT WORK AT WO	IILE	(AT HOME, STR	REET, FACTORY OFFICE, I	FARM, ETC )	STREET	CITY	OR TOWN	COUNTY	STATE		
		22a.1 certify that				Augus		-			, that 🗶 (we) last		
		sow the decease above 1 (we) (c	dolive on	August	ofter death.	<b>85</b> _, or	nd that in (🎪) (our) opinion (	death occurred on t	he date and ha	ond from the	e couses stated		
		131 CICALATUDE					DEODEE			THE PARTY	CENTRE		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

C. Edwin Becraft, M.D. 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 8/19/85

24. FUNERAL DIRECTOR

22e ADDRESS

Arbutus Mem. Pk.

c/o Maryland General Hospital 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIA

Arbutus

STATE

Wm. C. March F/H, Inc. 1101 E. North Ave.

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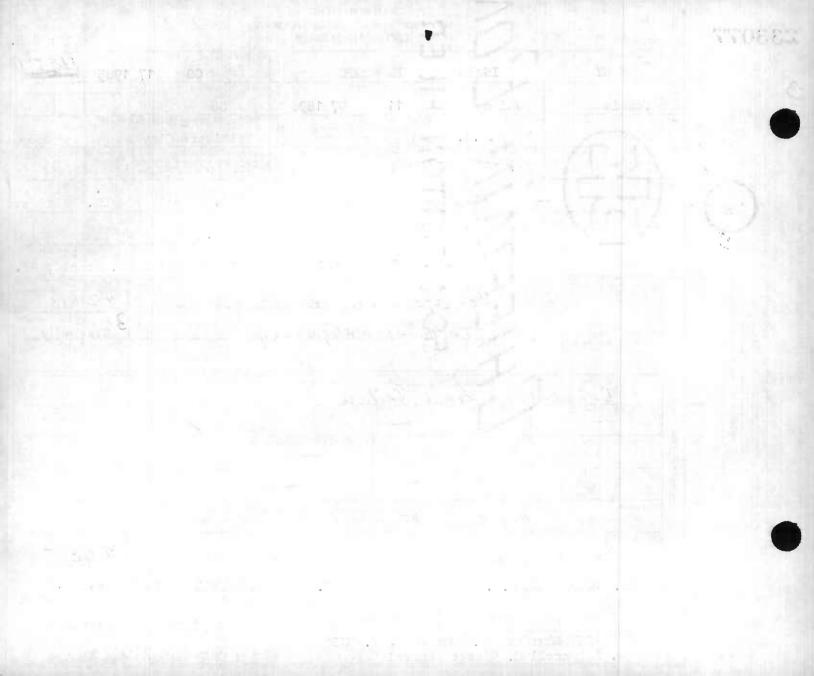
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18	1. DE	CEASED NAME	FIRST		MIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEA	AR Zb. HOUR
₩ o; o; S F	(14	PE OR PRINT)	Flore	ence		Lee	OF ESTI- DEATH MATED		
S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. WITHIN 72 HOURS WERESTON STREET,	3 SE	X [4]	RACE	IS. DATE OF BIRTH	1941 6. AGE IN YEARS		ER 24 HRS 2c. DATE	MONTH DAY YEA	
REC H	-			MONTH DAY	YEAR LAST BIRTHDAY)	ONTHS DAYS HOURS	MIN PRONOUNCED	0 20 05	AR 24 HOUR 1:00
O NO DE			iongolo:		194244 43 VRS.		DEAD	8-20 1985	
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AY IS N THE FL PAGE 5	- 10 C	ITY OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	126 USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b KIND OF OR INDU	
A PAERON		Baltimore			ity Hospital	- STI	Housewife	Domes	
B. 21201 IF ANY DELA AND 3 TO SHOULD BE THOULD BE	USU.	AL RESIDENCE (IF)	N NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION)				
21201 AND AND RETA HOULI	/	TATE	1367 COUN		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS		9706	1901
A S S S S S S S S S S S S S S S S S S S		ATHER'S NAME	Uni	Lon	Clark	YES NO	The state of the s	n Road7	//
# E-20E)/(	1	FIRST		MIDDLE	LAST	15. MOTHER'S MA	MIDDLE	LAST	
T MANAGE D		Kwan		Hua	Fan		Unknown		
M NAME OF STREET		WAS DECEASED E		E WAR OR DATES)	166. SOCIAL SECURITY NO	17 INFORMANT	ADDRE	SS	
3 3 E 3 C		No	-		141-68-2173	Scott Le	e 1531Raritan R	d. Clark New	Jerse
3 5 5 6	2	18. CAUSE OF D	EATH (Enter or	nly one cause per line	far (o), (b), and (c).)			APPROXIM	AATE INTERVAL
A O TO SU	X.	PARTIDEAT	H WAS CAUSE	TE CALISE (a) Cr	anio-cerebral	Trauma		BETWEEN OF	TOET AND DEATH
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E BASASA		lying couse		00E 10, 0K	AS A CONSEQUENCE OF				
2 2 3 3 2 2				(c)					
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DIVISION OF VITAL RECORDS, 20 S. CREHECATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN RED TO THE CHIEF MEDICAL EX- RED SARTINENT OF HEALTH AND M OF PROR TO BURIAL CREMATION OF PROR TO BURIAL.	FICATION								
TALR HOUTH	13	190 DATE OF OF	PERATION	19b. CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOP	SY?
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PE SEPTION OF SEPTION	13	WHILE AT WORK	OT WHILE	XI I	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
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EDICAL EXAMINER: UT THE CERTIFICATE A SHOULD BE FOR NARRAL DIRECTOR: ROBATH, WILH THE SI	1	220 I certify t	hat I took chor	ge of the remain des	sribed obove, held an A	utopsy , Inspec	tion XX Inquiry	ond in my apinion	
NA FIRST	1	death resulted	Yog Natu	rol comes A.	Accident XX Sucide	Hamicide	Undetermined manner		
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MED WED		(TYPE OR PRINT)	ME De	nnis F. Sm	ryth, M.D.	ADDRESS 111	Penn St., Balto	o., Md. 2120	01
TO ME EXECUTE PAGE AFTER BALTIN	23o.B	URIAL, CREMATIO			23c NAME OF CEMETE		123d LOCATION		
1661666	1	Buri.		8-23-85	Fair view		CITY OR TOWN	COUNTY	STATE
07/84 BP	24 F	UNERAL DIRECTO		0-27-07	Tall view	250. DAT	WestField U	Inion New Ale	State 2
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(VR A15 ME (5))	Ila	TZULLO H.	uneral	Service 1	Reisterstown.	id.			

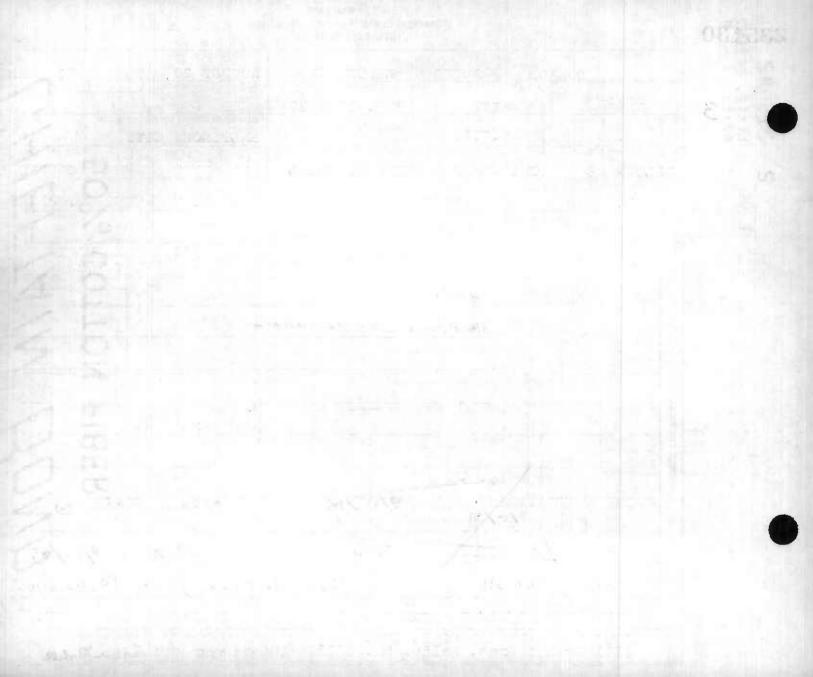
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1201	Section deal. Logs may 2	in by the furth of Media pogodo N The	30 January opening
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 has after death. Logar money retained by the haspital or attending physician.	TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician obtained and partial and all metals and all metals and all metals and a should be detached for use as the bund-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 2 should be after the signed through the pages and the please remove carbon papers. Pages I and 2 should be filled within 2 should be after the signed through the please remove carbon papers.	With the Store Dept. of regulations meaning in typicate prior to out of, stemphion, or temphion. If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examination.

CEASED NAME FIRST			CERTII	ICATE OF DEATH	REG. N	0.			
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MALE	4 RACE WHIT	E	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	HOURS MIN.	
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MD.	U.S	.A.			BALTIMOR	E CIT	Y	MD.	
	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE	INDUSTRY	F BUSINESS OR CARPET	
AL RESIDENCE (IF NURSING HOME OF TATE 13b COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 2720 E.	/ ZIP CODE		1.47	
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ES NOOR UNKNOWN) (IF YES	IVE WAR OR DATES)			DONALD LEN	ITZ (SON)	103 C PKW	7AY 21	239	
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III. SIGITATORE					MEDICAL STA		8/	120/85	
224 DHYSICIANI'S NIAAAE	OR BRIDITI			22. ADDRESS			-	03	
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tor, page 3	3	B. SEX	F	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		NDER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
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The law cran. It has be her sit permit grene pri	2	CERTIFICATION	90. DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING [	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH? NO
HYSICIAN Iding physis or certifical burial-tran	9	MEDICAL C	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	ATH HOUR A.M. MONTH D	AY YEAR	211 LOCATION		100	
UDING PH or otten is after th ise as the ealth and			WHILE NOT WHILE AT WORK  270.1 certify that (I) (this hasp	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	STREET	CITY OR TO	wn	COUNTY STATE , that (I) (we) last
OR ATTEN e hospital DIRECTOR sched far up H			sow the deceased alive or above. (II (set (did) (did no 27h SIGNATU	of) view the body after death, 19_		DEGREE	an death accurred on the d		d from the couses stated 22c. DATE SIGNED
SPITAL ed by the UNERAL defector he State	1		22d. PHYSICIAN'S NAME (TYPE OF	B let MAI	$\cap$	ATTENDING PHYSICIAN 226 ADDRESS			18/5/19
TO FUN should b with the	1	23a B	JRIAL, CREMATION, REMOVAL	23b. DATE 23c		EMETERY OR CREMATOR		R. VVC	UNITY STATE
DHMH-16 30M 2/80 (VRA 15, 4)			BURIAL NERAL DIRECTOR NAME	ADDRESS ADDRESS	Duchen			25b/REGISTRAR	S SIGNATURE

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STATE OF MARYLAND

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21 C C S 884

5	1.	FOR STATE REGISTRAR	E	EPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL H TIFICATE OF DEATH	YGIEN 5	2 2 3	98
233028		CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR	26 HOUR
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の歌り	1. SE		4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
1 1		Male	White	S	pt.5,1905	79	YRS.	MIN.
お神をお	Ja Bi	RTHPLACE ISTATE OR FOREIGN Maryland	76. CITIZEN OF WHAT CO	MA	RRIED MEVER MARRIED	BALTIMORE CITY O	OR COUNTY OF DEATH	MD.
4 4833	-	TYOR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O JOHNS HOPK)	IVE STREET ADDRESS	20 21	120 USUAL OCCUPATION OF SELECTION OF SELECTI		of Business or Barbar
2 12 16	130 S	AL RESIDENCE (IF NURSING HOME OF TAKE MARY Land 136. COU	NTY > 134 CITY	or town timore	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	212	230
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Poges (		VAS DECEASED EVER IN U.S. A VES NOOR UNKNOWN) (IF YES G	IVE WAR OR DATES!	-18-50	o. 17 INFORMANT 039 Mrs.Alma	S.Leone. S	ESS .	
equires that the death certific is igned by the attribution of the black collection of the burst, cremation or serio dijury, or other fraumatic even	NOI	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	INSEQUENCE OF SQUENCE	ON AND MALI	NUTIZETEON TNOMA Alevola	DAY or ridge 14	ear
No. he for the form of the for	RTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPER	TION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [	OINGS USED ES OF DEATH? NO
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TENDAGE I pital or after TOB. After to use at the of Health on 21 is marked	2	220 I certify that (I) (this hasp saw the deceased alive a		d Irom	15 19 8	35 . to 3 1 5	E 1985 ate and hour and Irom th	that (I) (we) last
TAL CR A Py the hose RAI DIREC Jetoched Juture Dipt. MT. If Nem		226. SIGNATURE	ouenheur	no		DIRECTOR PHYSIC	FF 8	17-85
O HOSP troined by thould be with the 5		Roy ScHo	TENFE		-D.	INS HOSPITAL/	/601 NORTH W	OLFE ST
BP		Burial, CREMATION, REMOVA	Aug. 20, 198	**		t. Balto.A	.A.Co.Mary	
DHMH - 16 60M 7/84 (VRA 15, 4)		ccully Funer	al Home, 130	Bal. E.Fo:		JG 1 9 1985	256. REGISTRAR'S SIGNA	TURE

INC. TANK A STREET, SPECIAL LIBERTY SERVICES

	FOR			DCD 4 DT 4454	STATE OF MARYL		in 0	2	0 0	
221143	- STATE REGISTRA	A D			T OF HEALTH AND I		74	20	7 7	
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MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be in	USUAL RESIDEN	CE HE NURSING HOME O LY la hol 13h COU	OR OTHER INSTITUTION, GIVE INTY 130 (timore	eresidence before adm CITY OR TOWN Baltimore	13d INSIDE C	ITY LIMITS?	130 STREET ADDRESS	ZIP CODE	e, Dund	alk 2122
arthin orthin	14 FATHER'S NA		MIDDLE	1241	15. MOTHER'S	S MAIDEN NAM	ME	-	- ,	
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ON OF VI	S OR CONTRE	NOTIFY WEDICAL EXAMINE	AIG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19			300		
DIVISION OF VITAL  ING PHYSICIAN: The r offending physician titler this certificate h os the burial-transit p th and Mental Hygien orked or item 18 show	THE STATE OF CONTRACT OF CONTR	NOT WHILE AT WORK	21e. PLACE OF I	INJURY FACTORY, OFFICE, FARM,	211 LOCATION STREET	N	CITY OR I	OWN	COUNTY	STATE
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RECTOR IN The Spiral Institution of the Spir	above		nt) yiew the body after	r death.		(our) opinion d	death occurred on the	date and hour o		
The hora	72% SIGN	Hanley 1	D. Krah	DMX		ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN	3/5/	85
HOSPI ined E FUNE buld be	274. PHYS	tan lev		ke, MI	220. ADDRES	7 E.B	altimore S	it. , Ba	Himore	, MD -
0 € 0 € ¥	23a BURIAL, CR	EMATION, REMOVAL			E OF CEMETERY OR	CREMATORY	23d. LOCATION			
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DHMH - 16 50M 4/83	24 FUNERAL DI	RECTOR	2		342-1227	250. DATI	E REC'D. BY REGISTRA	R 256. REGISTR	AR'S SHEWAITURE	Colon
(VRA 15, 4)	1	-ILLY AND	tieler	700 S.	CONKLINOST	AU	G7 1985			

STATE OF MARYLAND 252046 DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH DECEASED NAME 2b. HOUR DOROTHY LERNER AUGUST 29. 1985 4 RACE S. DATE OF BIRTH NOVEMBER 30, 1905 FEMALE CAUCASTAN O. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY WIDOWEDYY DIVORCED RUSSTA 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR THE JOHNS HOPKINS BALTIMORE HOSPITAL BALTIMORE, MARYLAND 2120 13e STREET ADDRESS / ZIP CODE ANNE ARUNDEL ANNAPOLIS 194 MAIN ST. 21401 MARYLAND 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME **HYMAN** GREENBERG ADEL SHOR ADDRESS 6n WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT ANNAPOLIS., MD
317 HALSEY RD 21401

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH JUDGE EUGENE LERNER NO 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY 2414. HYPOTENSION DUE TO, OR AS A CONSEQUENCE OF lo D Conditions, if any, which DUE TO, OR AS A CONSEQUENCE OF 13D Wound infectiv PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Automobile accident -> right hip fracture on 7/25/85 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION 8 5 85 Right Actabular tracture NO V 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR 211. LOCATION King George St. on College Annapolis. 220.1 certify that (1) (this hospital) attended the deceased from, DERTIFICATION APPROVED BY MEDICAL EXAMINER
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN DEGREE 22c. DATE SIGNED 22d PHYSICIAN'S NAME 22e\_ADDRESS TOYE, M.D. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY FINKSBURG 8/30/85 BETH JACOB CEM BURIAL SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTIMORE MARYLAND 2120

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AUG 1 4 1985

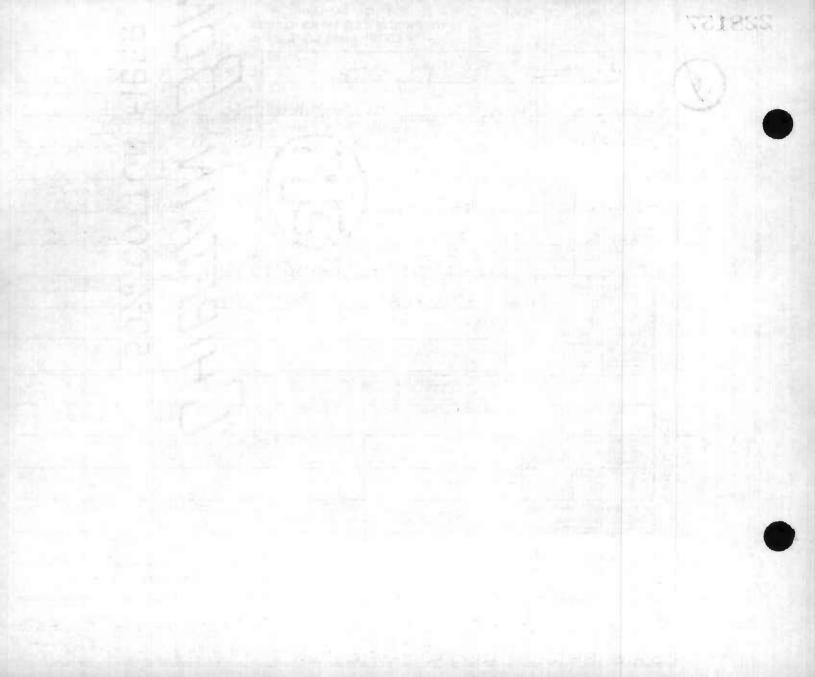
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		REGISTRAR		FICATE OF DEATH	REG. NO.	*
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
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10	SE:	X 4.	RACE 5. DATE 6	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
	1FS	MALS	WHITS NO	V. 24. 1906	78	YRS
2 har 2 har 2		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH
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the furthing d within	10 C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME ( (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS OR INDUSTRY
2 3º EC	BI	ALTIMORS !	6003 BURGESS	AVS.	AT HOME	
hau d be	U5U.	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF	CODE 21234
hin 24 h	1	ARYLAND -	BALTIMORE	YES 🔀 NO 🗌	6003 BU	RUSSS AVS.
A 2	14. FA	ATHER'S NAME FIRST MID	DDLE	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
P E S	>	FRANK 1	W. KRAL	MARY	Α.	SADILLA
di ged		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		17 INFORMANT	ADDRESS	
D 0 % 0	1	)0	217501304	I FAMILY	RECORDS	
e 0 e - +		18 CAUSE OF DEATH (Enter only ) PART I. DEATH WAS CAUSED I	one couse per line for (a), (b), and (c).	CARAT	MINALO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g physical poppor removal event,		IMMEDIATE (		G CUSCOT	woma	
oth cork		PROCESS OF THE	DUE TO, OR AS A CONSEQUENCE OF			Part of the con-
deoth nove co nation, c		Conditions, if any, which gove rise to immediate	(b)			
		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF			15 Hall Co. 1
ed by the			(c)			
signi hen p to bu	Z	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART TO
been mit. I prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDINGS USED
K sper s	E				YES T NOT	CERTIFYING CAUSES OF DEATH?  YES \( \square\) NO \( \square\)
N. The	E. E.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 7}
SICIAN: ng physicial properties of the second secon	14:	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR	100000		
01 10	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
or ottendor of ottendor of ottendor of the bird of the bird of the of the bird of the of the of the of the of the ottendor of	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)	1.1.0	2/0	5
NDIN If or Use o Use o Heolth		220.1 certify that (1) (this hospital	) attended the deceased from	6/29,19 8	1 to 8/1	, 19, that (1) (we) lost
TTEP prito for a of H		sow the deceased alive on obove, (I) (www.) (did) (did not) v	view the body ofter death.	nd that in (my) (aut) opinion	death occurred on the date o	nd hour and from the causes stated
OR A bolked DIREC Dept.		226 SIGNATURE	2	DEGREE		22c. DATE SIGNED
TAL OI y the RAL DI detoch fote De		Elevel		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 AUG. 12 1985
HOSPITAL uned by the FUNERAL unid be det h the Stote		226. PHYSICIAN'S NAME (TYPE OR PE		22e ADDRESS	Loch Reeve	u Blud.
0 - 0 - 0 4		UR. SOWARD	M. Miller	8001	CO CAR TOOLOG	
0 a 0 4 3 M	23a E	BURIAL, CREMATION, REMOVAL	23t NAME OF	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	10	IIR GL	AUL 13 1985 MORS!	And Dom. P	K. Parkville	BOITO MARYLA

UNERAL DIRECTOR

NAME
VANS CHAPSLOFMEMORIES HARFORD

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR



LANNETTE LINTHICUM

230 BURIAL, CREMATION, REMOVAL

BULLIA

DHMH - 16 60M 7/84 (VRA 15, 4)

ALIG 20 1025 whe Daydon-handers JEGN MEMORIAL F. H.INC 1100 REISTERSTOWN RO

23c NAME OF CEMETERY OR CREMATORY

HEBREW FRIENDSHIP

STATE OF MARYLAND

26 HOUR

126. KIND OF BUSINESS OR

NO F

MD.

22c. DATE SIGNED

COUNTY

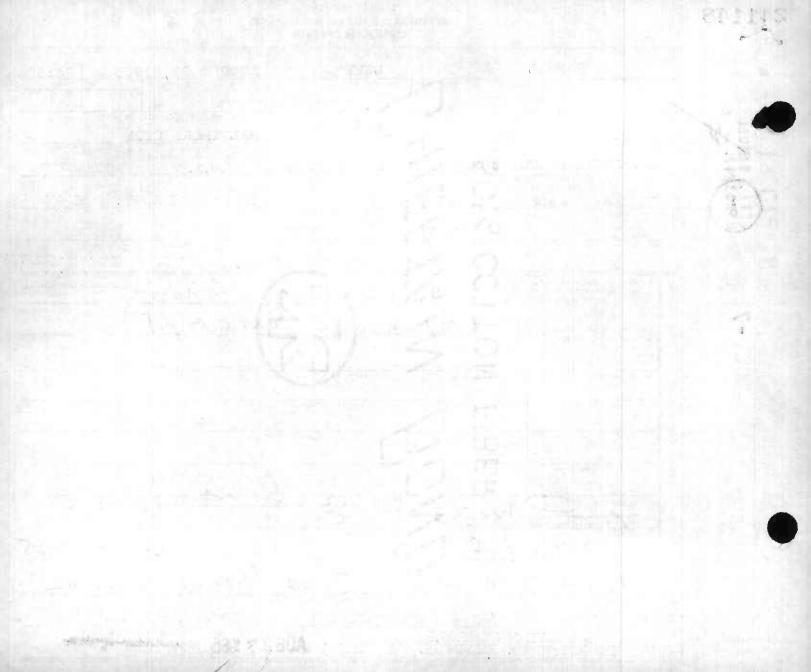
UNION MEMORIAL HOSPITAL

altimore

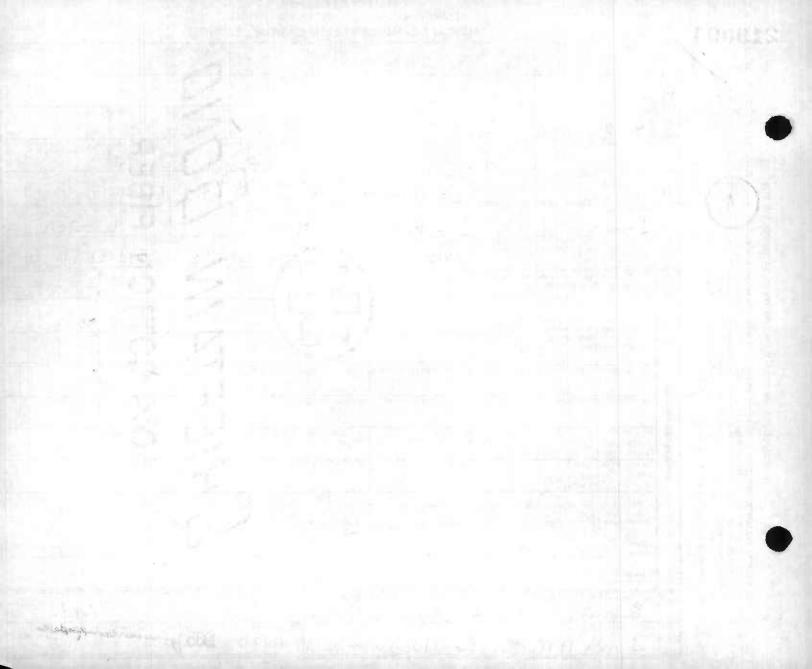
23d LOCATION CITY OR TOWN 1:25 A.M

85

IF UNDER 1 YEAR

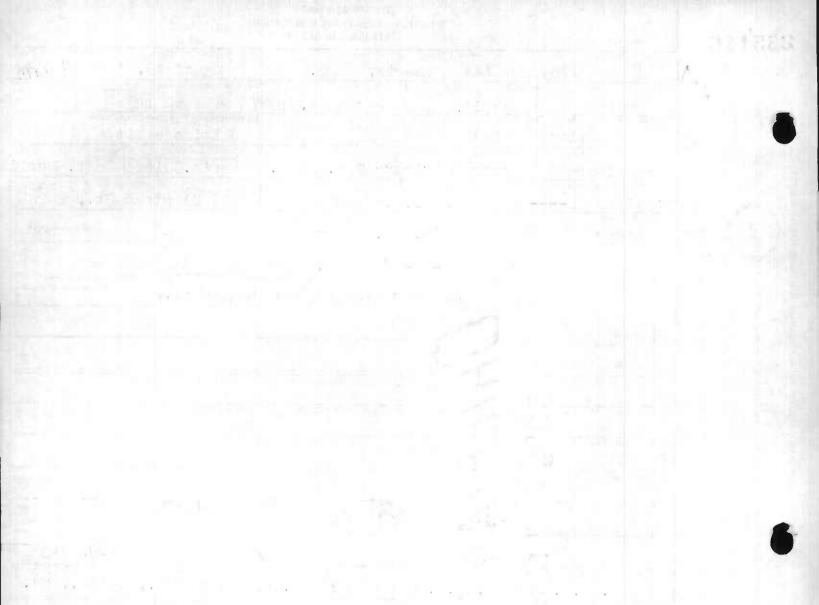


				MARYLAND		
	11.	FOR STATE	DEPARTMENT OF HEALT	TH AND MENTAL HYGIE	NE 9 9 4 (	) 5
219004	12	REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DE	ATH REG. NO.	
WIJUUT.	DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE KNOWN X MONT	H DAY YEAR 26 HOUR
X	(TYI	PE OR PRINT)			OF ESTI-	
28888V		Barbett		Lewis		17
#DE-25	1.5E	10M		UNDER 1 YR. IF UNDER 24 HR	PRONOUNCED	11.5
×2559.₹	Ita	male Negro De		MIN DATS HOURS MIN	DEAD 8	2 19 85 a N
STA YELL			ITIZEN OF WHAT COUNTRYS		9 BALTIMORE CITY OR COU	
NECESSARY UNERAL DIII S FOR YOU WEREINNY	Di	OREIGN COUNTRY)	11517	RRIED NEVER MARRIED	Dallainana Gia	
S NECESSARY, PLESSARY, PLE	100	allo livery and		WED L DIVORCED	Baltimore Cit	11150
5 2 6 2 6 6	100		IAME OF HOSPITAL, NURSING HOME, OR OF FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)	THER INSTITUTION 120. U	JSUAL OCCUPATION (TYPE OF WOR	OR INDUSTRY
A PER PROPERTY OF THE PROPERTY	B	altimore	University Hospital	Ba	nefit Specialis	
- 0-Z-0	USU	AL RESIDENCE (IF IN NURSING HOME OR OTHER	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			2.1215
B 3505	130	TATE 136 COUNTY	Baltimore		TREET ADDRESS	
2 ( E < 1 E = 1	111	laryland	Baltimore		6512 Ebert	e Dr
3 1	14. F.	ATHER'S NAME FIRST MIDD	DLE LAST,	15. MOTHER'S MAIDEN NA	WE	LAST
# 355 ED OC		Lames	Giddings	Honor		Wooten
M SANGE /	16a. \	WAS DECEASED EVER IN U.S. ARMED FO		17 INFORMANT	ADDRESS	
E E E E E E E E E E E E E E E E E E E	(1	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR	212-50-1063	lera la	Ohite 6512	Ehanla Dr
BS AS WITH PAG DIVISION	-	Lie CAUSE OF DEATH (5			9 (	APPROXIMATE INTERVAL
T1 00 - No.		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:			and the second	BETWEEN ONSET AND DEATH
ESTON ST IIN 24 HO IN ITEM IN ITEM R ALOR ISIT PER MOVAL.		IMMEDIATE CAL				
PRESTON ITHIN 24 H CIL IN ITE NER ALOR ANSIT PER AL HYGIE REMOVAL			DUE TO, OR AS A CONSEQUENCE OF			
E E SANTA		Canditians, if any, which gave rise to immediate	(b)			
W. W		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF			
CTED IN P		lying cause last.				
S. S		BART & GENER CICHERCANT CONDITIONS CONTAIN	(c)			
OF VITAL RECORDS, 201 W. PRESTON STATE SHOULD BE EXECUTED WITHIN 24 HOE WORD "PENDING" IN PENCIL IN ITEM ITEM CHIEF MEDICAL EXAMINER ALONG ID BE USED AS A BURIAL - TRANSIT PEMARTO OF HEALTH AND MENTAL HYGIENE.	-	PAKE 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1 to		
RECO VLD BE PEND	CERTIFICATION			Service of the servic		
E SERVICE E	18	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
OF VITAL RESPONDED TO BE WORD "PE THE CHIEF IN TO BE USED A WENT OF HEAD TO BUTTON TO	Ē					YES X NO
W W W W W W W W W W W W W W W W W W W	7 1	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c.	HOW INJURY OCCURRED LENT	ER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
NOF NOF THE W TO THE		UNDERLYING OR	HOUR A.M. MONTH DAY YEAR			
SAR TO TO SE	2	CONTRIBUTING CAUSE OF DEATH		OCATION		
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOUL E DEPART	MEDICAL		STREET, PACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
WR. ARE	1	AT WORK AT WORK				
DIVISION OF VITAL REC AINER: THIS CERTIFICATE SHOULD E FICATE, WRITING THE WORD "PEN BE FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED A H THE STATE DEPARTMENT OF HEAL LAND, 21201 PRIOR TO BENIALL, G		222 1	ne remains dabaye, held an A Auto	apsy X Inspection		
EXAMINER: CERTIFICATION JID BE FOR DIRECTOR! WITH THE: AARYLAND			BEV / 1 / 1		Inquiry [ , and in my	apinian
WHE BETWEEN		death resulted fram. Natural cau	ises A. Ackident L. Suitige	, Hamicide Und	determined manner,	
EXAMI CERTIF JUD BE DIREC WITH		ACTUAL / / SA	VITA	JITLE (SPECIFY)		
A H A SHE		SIGNATURE	and my	M. Acting Chief	DAT EDICAL EXAMINER SIGI	
AEDIC CCUTE TI SE 4 SF FUNER ER DEA	7		70			
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	-	(TYPE OR PRINT) Tho	omas D. Smith, M.D.	ADDRESS 1.11 I	Penn St. Balto.	MD.
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE SI	23a.B	URIAL, CREMATION, REMOVAL 236 DA	TE 23c NAME OF CEMETERY	OR CREMATORY [23d.	LOCATION	
	(	SPECIFIC	4 60 1 1		ITY OR TOWN	DUNTY A STATE
07/84 BP	74 5	UNERAL DIRECTOR	s =   Maryland 11	1 2-110-1001	BY REGISTRAR 256 REGISTRAR'S	SIGNATURE JANO
DHMH - 17	1	NAME!	ADDRESS	AUG 5	1985. June walk	Mary The State of
(VR A15 ME (5))		James H Mort	Ion + Son 1101 Laur	ens 57 1100 J	D. D	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH 235116 REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b. HOUR DECEASED NAME (TYPE OR PRINT) 1985 August 19. Floyd Tiee Lewis. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3. SEX MONTHS DAYS HOURS MONTH YEAR 58 Male White March BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City Maryland WIDOWED DIVORCED [ 12b. KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION IO CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY, ASS t. Chief Dept (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
South Baltimore Dept. Gen. Hosp. Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Works 130. STREET ADDRESS 1417 Olmstead St., 13b. COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN Baltimore Maryland YES X NO T 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Esther MIDDLE Anderson MIDDLE Lewis. Sr. Floyd Tiee 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 220-12-9508 Mrs. Caroline Lewis Same as Yes Korea 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

Acute Myo Carchal Infanchon DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F YES [ NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did-not) view the body after death. 22c. DATE SIGNED DEGREE 22b. SIGNATURE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS E. Patapsco Ave., Balto., Dr. S.P. Mundra, M.D. 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Veteran's Cemeltery Crownsville, AA Co • Md BP. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 25M McCully Funeral Homes ha Bandson Ave Alig 2 (VR A 15 (4) ) 9/74 Patapsco

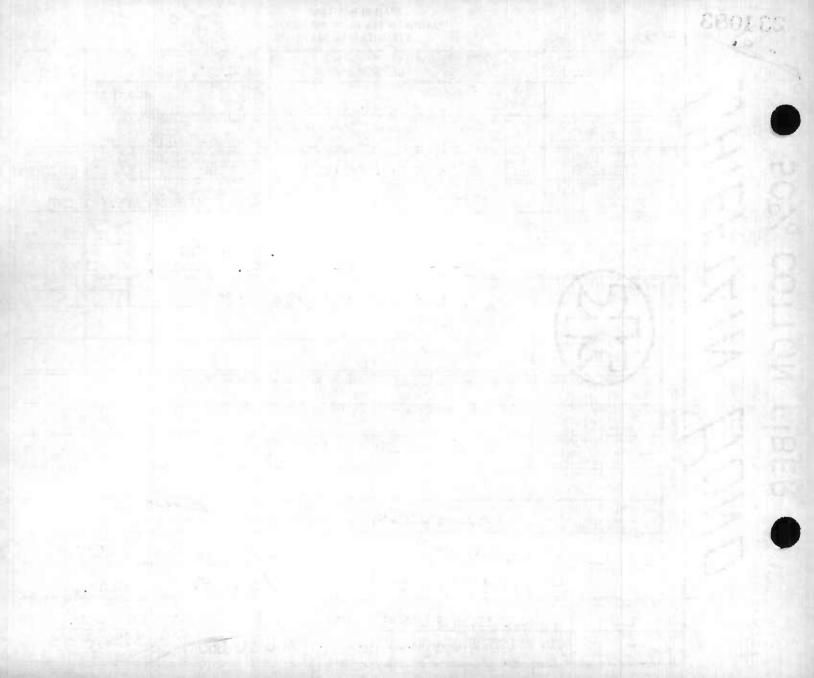


## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERS

234083	1.	FOR STATE REGISTRAR		DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL RYGICATE OF DEATH	IERS 2	2 4 0	1
/		CEASED NAME FIRST		DDLE		AST	20 DATE OF DEATH		R 26 HOUR
4 4 de		HANNA			LEWI		AUG. 11,1		3:25P <sub>M</sub>
4	3. SE		4 RACE	The same	S. DATE C		6 AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS AVS HOURS MIN.
oge 4		FEMALE	WHITE		NC	V. 6,1909 A	75	YRS	
John 72 hau		IRTHPLACE (STATE OR FOREIGN NORTH CAROLINA	76 CITIZEN OF W	HAT COUNTRY?	MARRIEI WIDOWE	DINEVER MARRIED DIVORCED	BALTIMORE CITY O		MD.
to the fu		BALTIMORE	6516 A	RMSTRONG	AVE.	( 21215)	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF MANAGER	WORKING LIFE INDUST	OF BUSINESS OR TRY  [ES CLOTHING
1 136	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		BALTIMOR	V	YES 🗶 NO 🗌	13e.STREET ADDRESS / 6516 ARMST	RONG AVE.	( 21215)
154	14. F.	LOUIS	J.	KATZ		15. MOTHER'S MAIDEN NAM REBECCA	MIDDLE		ATZEN
Poor in ord		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) NO	IVE MAD OD DATES!	66 SOCIAL SECUI 063-03-38		17 INFORMANT MRS. 219-35 75th	BESSIE ACHEE AVE. BAYS	SIDE, NY	11364
uires that the death cer igned by the attending en please remove corbo burial, cremotian, or re ury, or other troumotice	z	Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT	(b)	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		DITION GIVEN IN PAR	T lia
he low requent.  has been straint. The ene prior to aws ony inject.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CAU	NDINGS USED USES OF DEATH?
G PHYSICIAN: T oftending physici of this certificate is the borial-transition of Mentol Hygi ked or them 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DITTO CONTRIBUTING CAUSE OF DITTO CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE CONTRIBUTION CAUSE CONTRIBUTION CAUSE CAUS CAUSE CAUS	R) P.M.	. MONTH DA	Y YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURR 21f LOCATION STREET			
to R ATTENDINg the hospital or of L DIRECTOR. Aft stacked for use as to Dept of Health: If them 21 is man		22a.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did n 22b. SIGNATURE	12 cek	かいいちちひ		19 19 19 19 19 19 19 19 19 19 19 19 19 1	MEDICAL STAF	22c. D.	the causes stated ATE SIGNED  12/85
TO HOSPITA retoined by TO FUNERA should be de with the Stot	230	22d. PHYSICAD S NAME (TYPE	BEN		nn)	PHYSICIAN X	DIRECTOR PHYSIC		го., мD
BP		BURIAL	AUG. 15	,1985 LU	JBAWI7	Z NUSACH ARI	ROSEDA	LE, BALTO,	
DHMH - 16 60M 7/84		NAME 601	O REISTER	RSTOWNERE	BAL7	O., MD. LATTE	REC'D BY REGISTRAR	THE STANTAGES	Mariane

DHMH - 16 60M 7/84 (VRA 15, 4)

SOL LEVINSON & BROS



								MARYLAND				
22	2010		FOR STATE			DEPARTMENT O		0	HYGIENE 2 2	40	8	
72	8016		REGISTRAR		ME	DICAL EXAMI	NER'S	ERTIFICATE		5. NO.		
+			CEASED NAME OR PRINT)	NE FIRST		MIDDLE		LAST	20 DATE KNOW! OF ESTI-	N X MONTH	DAY YEAR	25 HOUR
11	ASE ORS. SET,			Johr			Let		DEATH MATEC	□ 8/	11/19 85	M
70	RECTORNIA	3 SEX	Male	Negro	S DATE OF BIRTH		YEARS IF UN		R 24 HRS. 2c. DATE  MIN PRONOUNCED	нтиом	DAY YEAR	4:06
	ARY NOT TON		RTHPLACE (		7b. CITIZEN OF W		YRS.		9. BALTIMORE CI	8/	11/19 85	PM
•	IS NECESSARY, PLEASE FE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. E.D. WITHIN 72 HOURS IN W. PRESTON STREET,	I	Maryl	and	U.S.		MARR	IED NEVER MAR	RCED   Baltimo	re City		MD
	トー ラー 2/1/	10. CI	Baltin		(IF NOT IN SUCH F.	SPITAL, NURSING HO. ACHITY, GIVE STREET ADDRES THES HOSPITA	S)	ER INSTITUTION	120 USUAL OCCUPATION OR MOST OF WORKING LIFE AUTO MEC		2h KIND OF BU OR INDUSTR	
21201	DELA PHIN PA PHIN PA P		residence arylai		ME OR OTHER INSTITUTION, G		SSION)	13d INSIDE CITY LIMITS?		nison	St. 23	1229
3	E-100		THER'S NAM		WIDDIE	- LAST		15 MOTHER'S MAI	DEN NAME			
38	100 BOO		Charl:			Lewis		Hanna			Mayo	
ALTIM	AFTER SINE PA TH FOR MSION	Ióa V	YAS DECEASE NO PRUNKN	OWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES) 52/4-11-52	231-36-		Lucy Le	wis 148 N.		n St/2	21229
ON ST., B.	A HOURS TEM 18. G CONG WIT FERMIT. P. HENE, DIV		18 CAUSE (	OF DEATH (Enter	r anly ane cause per line USED BY: DIATE CAUSE (a) A1	terioscler		Hypertens:	ive Cardiovasc	ular Di	APPROXIMATE BETWEEN ONSET SEASE	INTERVAL I AND DEATH
PREST	HIN SEL IN I	13		ans, if any, wh	nich	R AS A CONSEQUENC	E OF					
W. 10	N PENC XAMIN AL. TR MENTA N. OR			ise to immedi ) stating the <u>unc</u> use last.		AS A CONSEQUENC	E OF	1			3/15	
ORDS, 2	PERECUTE ENDING" IN WEDICAL EX AS A BUREAL ALTH AND A CREMATION	z	PART 2 OTHER S	SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TO	RMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a),			
AL REC	HOULD BE HIEF MEI USED AS OF HEAL PRIAL CR	CERTIFICATION	190. DATE O	F OPERATION	19b. COND	TION FOR WHICH OP	ERATION W	AS PERFORMED?		3	20 AUTOPSY?	,
N OF VIT	ATE SHOWN TO BE WENT TO BE TO		UNDERLYIN	AL CAUSE WAS	HOUR A.A	M. MONTH DAY YE	AR 21c H	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART	YES 🗆	но 🕅
DIVISIO	THIS CERTIFIC WARDED TO WARDED TO PAGE 3 SHOO TATE DEPART 21201 PRIOR	MEDICAL	21d INJURY	OCCURRED  NOT WHILE AT WORK	21e PLACE	A. 19 OF INJURY (ATHOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN	COUN	NIA	STATE
•	KAMINER: ERTIFICATE LD BE FOR INRECTOR: WITH THE S ARYLAND,		22a I cert death resul	ted from: N	orge of the remains de		Autap Suicide	, Hamicide TITLE (SPECIFY)	Undetermined manner	and in my opin	8/12	/85
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, BALTIMORE, M		EXAMINER'S	NAME Gr	egory R. K	auffman, M		ADDRESS	111 Penn St.	JONED		
07/84	BP				23b DATE 8/15/85	Carrise		est Vets.	23d LOCATION CITYOR TOWN Cem. Garrison	COUNTY Balto		Md.
25M	DHMH - 17 (VR A15 ME (5))	Ma Ma	ineral dire	CTOR L1 W.J	ones, Jr.			25a DAT	DEC'D OV DECIETRAD 1264 E	EGISTRAR'S SIC	SNATURE	0.

3 1 2 2

5-21-72-72-3

of forest hass Cem. Serrison, Tiro. Co., Md.

. 633 to 126 F . 2 (84)

226119 1 - FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE)
CERTIFICATE OF DEATH

2

2

		REGISTRAR				CENTRAL	CALL OF	DEATH		REG. NO.		
Ì		CEASED NAME	FIRST	N	IDDLE	Į,	AST	1000	20 DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
	(1145	OK PRINT)	May	N	1.	Lew	is		A	August	9 1985	М
	3. SEX	(		4 RACE		5 DATE C		YEAR	6 AGE (INYEA	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1		Female		White			st 21	1899	85	YRS		
A		RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8		R MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
	N	Maryland			5.A.	WIDOWE		DIVORCED [	Balt	imore C	City	MD.
	10 CI	TY OR TOWN OF DI	EATH		OSPITAL, NURSI		R OTHER IN	ISTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING		OF BUSINESS OR
	Ba	ltimore			Convale		ım		Seam	stress	Clot	hing
	130 S	AL RESIDENCE (IF NU	13b COUN	OTHER INSTITUTION	130 CITY OR TOV	RE ADMISSION)	13d INSIDE	CITY LIMITS?	13e STREET AD	DRESS / ZIP CO	DE	
Ž,	7	Md.			Balto.		YES 🔀	NO 🗌		Ramble	wood Re	d.21239
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NAM		MIDDLE	LA	ST
2		Frank		K.	Moore			ssie	M.		Little	
		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORA	MANT		ADDRESS		
		No			212-18	-0924	Mari	ia M. E	Bruffey	S	ame	
		IN CAUSE OF DEA	TH (Enter of	nly one cause per	ne for 101, 161, or	1990	h , 0	Inea	OUL	ally	APPROX BETWEEN	ONSET AND DEATH
		TARTI. DEATH		TE CAUSE (0)	Canc	we-	Ju	1 1000 00	-	7000	0 1	
				DUE TO, OR	AS A CONSEOU	NICOF/	2411	)	1			
		Conditions, if on gove rise to in		(b)		12	00 3		( )			
		couse (a), state	ting the	DUE TO, OR	AS A CONSEQU	ENCE OF			V			
1				10								
	Z	PART 2 OTHER SK	SHIP EARL	10 mg	HUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE	OR CONDITION (	GIVEN IN PART 1	0
$\exists$	CERTIFICATION	19a DATE OF OPER	ATION	TIN CONDI	TION FOR WHICH	- OPERATION	N WAS PER	ORMED	200 AUTOP	SY? [20b. IF Y	YES, WERE FIND!	NGS USED
1	LIFIC								YES T	NOT IN CER	TIFYING CAUSES	OF DEATH?
4	CER	21a. ACCIDENT WAS U	NDERLYING [	216. TIME OF			21c HOW	INJURY OCCURR		RE OF INJURY IN ITEM 1		
P		OR CONTRIBUTING		5101		AY YEAR						
	MEDICAL	21d INJURY OCCU		21e. PLACE C	OF INJURY		21f LOCA			CITY OR TOWN	COUNTY	STATE
	Z	WHILE NOT A	WHILE	(AT HOME STR	EET, FACTORY, OFFICE	FARM ETC )	STR	:61		CITYORTOWN	COUNT	STATE
		22a.1 certify that (	Il (this hosp	(tol) ottended the	deceased from	-	NU	19 81	to &	3/9/	19 85	that (I) (we) last
		saw the deced	osed olive on	t) view the body	tter death	85	that in (m	y) (our) opinion o	death occurred	of the date and h	iour and from the	couses stated
		226. SIGNATURE	10	7,000	> A	(1)	DEGREE		,		22c. DA E	
	-		124	Julyo	20	AU	いい	PHYSICIAN Z	MEDICAL DIRECTOR	STAFF PHYSICIAN	10	10/81
		224. PHYSICIAN'S	VAME ITYPE	rano /		1	22e ADDR	ESS				
		Elmo	Gay	so/ML			541	1 Old F	rederio	ck Rd.,	Balto.,	Md.
		SURIAL, CREMATION	, REMOVAL	The Action	altier.			RCREMATORY	23d LOCATI		COUNTY	STATE
		Burial	/	8-12-1	35 U	nion (	Chape	1 U.M.		На	rford	Md.
-	24 FU	INERAL DIRECTOR		/	ADDRESS			Alle		GISTRAR 255 REG	1000	
		Henry V	V. Je	nkins &	Sons C	0. B	alto.,	Md. AU	01219	85 · a	Dourdson-0	andelle

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Lang W. Jandas e Sont Co., Salar, Not. Land St. Miller and Co.

233	131		1 -	FORTEM NUMBER STATE REGISTRAR CALL 8-2	7a PER.PH.DEPAR	TMENT OF H	E OF MARTLAND IEALTH AND MEN ICATE OF DEA	TALHYGIEN		2 4	10	
4	deoth		I. DE C	EASED NAME FIRST OR PRINT)	MIDDLE		LEWIS	224	REG. NO  DATE OF DEATH  AGE (IN YEARS LAST BIR	MONTH DAY	385	PHOUR
oge 4	ours after		1	ETHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MONII \C	H DAY	SI YEAR	53 BALTIMORE CITY O	YRS	INIHS DAYS	HOURS MIN.
death. P	thin 72 h	5		WD USA	US A	WIDOW		RIED	usual Occupati	ty	7	MD. BUSINESS OR
M	e filed with	8		Boot	(IF NOT IN SUCH FACILITY, GIVE STRE	EJ ADDRESS)	SK OTTEK INSTITU	(	ONOLLO OF	F WORKING LIFE)	INDUSTRY	-
	should be	5	13a. S				YES NOTHER'S MA		STREET ADDRESS	ZIP CODE	21217	
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e exe	ers. Pages	/		ES NO OR NENOWN) (IF YES, GIT	VE WAR OR DATES)		ANNA	TOLMES	5 2524 DE	TH AVE		Y, N.Y.
certificat	bonpop r remavo			PART I. DE ATH WAS CAUSE	TE CAUSE (0) SOPSUL						BETWEEN ON	ISET AND DEATH
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thot the	please rer priof, crem			underlying couse lost.	DUE TO, OR AS A CONSEO	1	NOT BELATED TO	THE TEDANIN	AL DISEASE OF CON	DITION GIVE	LIN PART LO	
000	been sign mit Then prior to bu any injury.	1	CATION	190 DATE OF OPERATION	PUD (AD	Mich			20a AUTOPSY?	206. IF YES, V	WERE FINDING	
The lo	Ne ne	2	CERTIFIC	210. ACCIDENT WAS UNDERLYING			21c HOW INJUR	Y OCCURRED	YES NOW	YES		NO [
HYSICIAN Iding phys	burial-t Mental or Item	7	MEDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED	P.M. 21e: PLACE OF INJURY	19	21f LOCATION				COUNTY	
or offer	se as the solth and morked a		W	WHILE AT WORK AT WORK  220-1 certify than (1) (this hosp	(AT HOME, STREET, FACTORY, OFFICE	8/1:	STREET	9.85	CITY OR TO	. 15	Ser.	STATE
- G (	Directors  Sched for u  Dept of He  f Item 21 is			sow the decrosed alive on	(112)	82.0	nd that in (my) our	r) opinion dec	oth occurred on the de	ote and hour o	22c. DATE	1
SPITAL O	be detacle State De FANT: If I			22d. PHYSICIAN'S NAME (TYPE	QR PRINT)	^			MEDICAL STAI		8/1	3/85
TO HOS	should be deta with the State I	1	23a B	WALTER !	HEGOLITE 1236. DATE 1236	NAME OF C	CEMETERY OR CREA	MATORY	SITY DE	PITAL	-	
BP_			24 FL	BURIAL NERAL DIRECTOR	8-17-85	EASTV	IEW CEM	250 DATE R	BALTO EC'D. BY REGISTRAR	8.8	AR'S SIGNATU	STATE
	16 60M 7/8 A 15, 4)	4	1	FROY O. DYFT	TT 4600 LIBER	TY HG	TS AVE.	AUG	1 9 1005	Lina Ja	widow To	)

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STATE OF MARYLAND

FOR

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Section of the sectio

STATE OF MARYLAND 233063 DEPARTMENT OF HEALTH AND MENTAL HYGIENE ---- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 26 HOUR DECEASED NAME FIRST TYPE OR PRINT T. LITTLETON WILLIAM 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I VEAR 4 RACE 5. DATE OF BIRTH June 6, 1917 White 68 Male BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA BALTIMORE CITY DIVORCED | WIDOWED 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY UNION MEMORIAL HOSPITAL Education BALTIMORE Teacher SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 30. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 105 St. Dunstans Rd., 21212 Balto. MD YES 🗙 NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Latham Lilv William L\_ittleton ADDRESS An WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) Mrs. Margaret Littleton. Same WW II 216 07 7296 Yes 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a), Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a **FICATION** 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? None YES NO 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY AT HOME STREET FACTORY, OFFICE FARM ETC ) NOT WHILE 8-17-22a.1 certify that (I (this haspital) attended the deceased fram\_ .19 6.5 , and that if (my)(our) apinian death accurred on the date and hour and from the causes stated saw the deceased alive an above (1) we did (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE DEGREE MO MEDICAL ATTENDING 0 15/85 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS UNION MEMORIAL HOSPITAL RAYMOND E. BARFER 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY MOSTATE (SPECIFY) 8/19/85 Druid Ridge Pikesville, Burial <sup>24 FUNERAL DIRECTOR</sup> Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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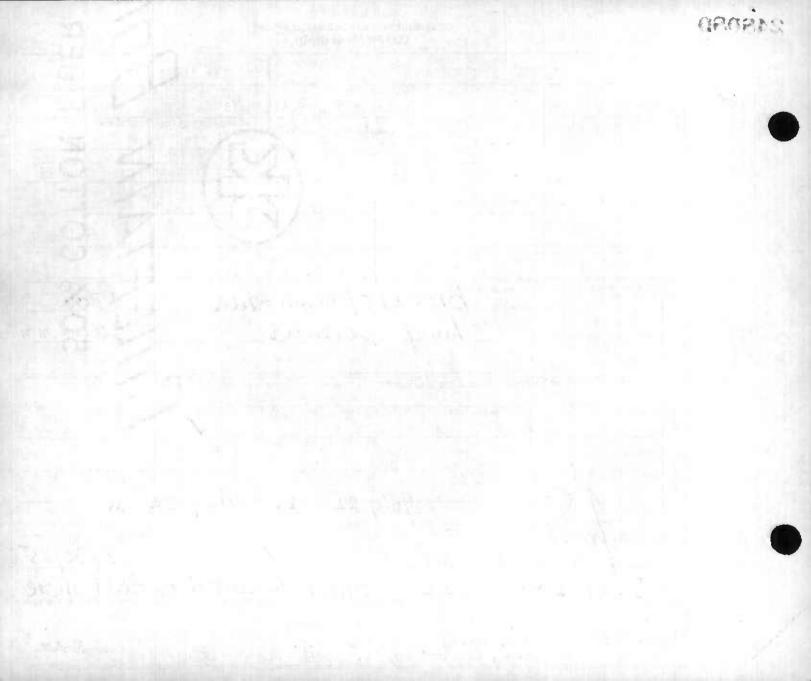
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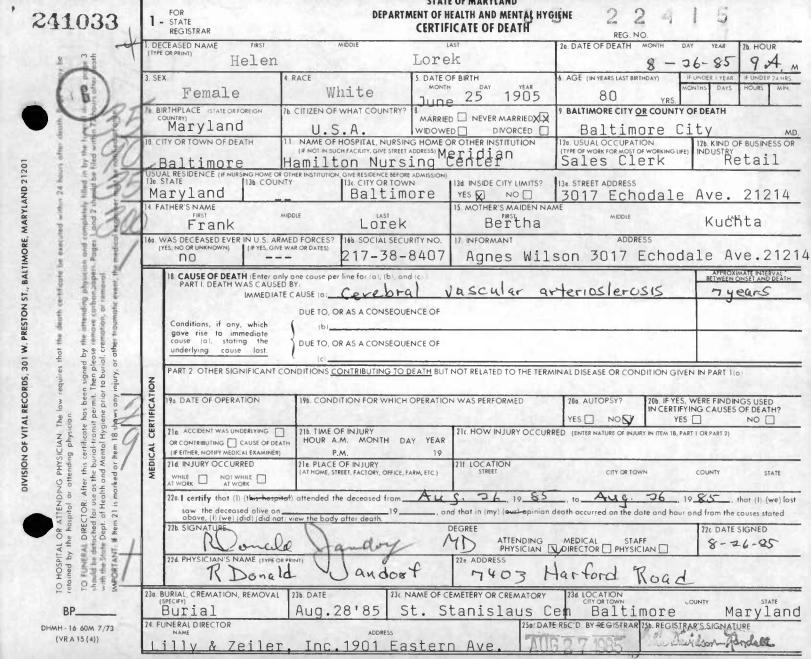
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DECEASED NAME FIRST MODEL LAST PROPERTY OF PRAIT
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Male    Male
MARRIED L. NEVER MARRIED   MIDURED NO. DROCED   MIDURED NO. DROCED NO. DROCE
West Virginia  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. COUNTY  13. CITY OR TOWN  13. CITY LIMITS?  13. STREET ADDRESS BALTIMORE, MD 21222  14. STREET ADDRESS BALTIMORE, MD 21222  15. MOTHER'S MADENNAME  16. MODIE  16. CAUSE OF DEATH IE mer only one couse per line for 10), (b), and (c)  17. NORMANT  18. MODIE  18. CAUSE OF DEATH IE mer only one couse per line for 10), (b), and (c)  18. CAUSE OF DEATH IE mer only one couse per line for 10), (b), and (c)  19. CONTRIBUTION OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  19. CONTRIBUTION OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  19. DUE TO, OR AS A CONSEQUENCE OF  19. DUE TO, OR AS A CONSEQUENCE OF  10. CITY OR TOWN  19. CONTRIBUTION OF WHICH OPERATION WAS PERFORMED  10. CITY OR TOWN OF MUSIC ORDINIONS USED INCERTIFYING CAUSES OF DEATH?  10. CITY OR TOWN  110. LITE OR WORK FOR ACCOUNT OR PART 2)  10. CITY OR TOWN  110. NOT OR TOWN  110. SERVED READ TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  10. CITY OR TOWN  10. LITE OR WORK FOR ACCOUNT OR PART 2)  10. CITY OR TOWN  110. STREET ADDRESS BALTIMORY
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OSUAL RESIDENCE (IP NURSEND ROME ON OTHER INSTITUTION, OWE RESIDENCE BEFORE ADMISSION)    136. ITEM
Baltimore   Dundalk   134. INSIDE CITY LIMITS?   134. STREET ADDRESS   Baltimore   MD 21222    Baltimore   Dundalk   YES   NO   3402   Louth   Road    I. FATHER'S NAME   I.S. MODILE   I.A.ST   I.S. MODILE   I.A.ST    John   Loque   Catherine   Dawney    I. MODILE   I.A.ST   DAWNEY   I.A.ST    JOHN   Loque   Catherine   Dawney    I. MORIUMNIAN   I.A.ST   DAWNEY   I.A.ST    J. MORIUMNIAN   I.A.ST   I
Baltimore Dundalk    FATHER'S NAME   FIRST   MIDDLE   LAST   IS. MOTHER'S MAIDEN NAME   FIRST   MIDDLE   LAST   IS. MOTHER'S MAIDEN NAME   FIRST   MIDDLE   LAST   IS. MOTHER'S MAIDEN NAME   FIRST   MIDDLE   LAST   DAWNEY
The state of the s
John  Loque Catherine Dawney  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 3402 Louth Road 235-12-2206 Edward Loque Baltimore, Md. 21222  APPROXIMATE INTERVAL ENTERVAL PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF UNDERLYING COUSE (N). Storing the Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF UNDERLYES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NOW YES
235-12-2206 Edward Loque Baltimore, Md. 21222    18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)
235-12-2206   Edward Loque Baltimore, Md. 21222   APPROXIMATE INTERVAL BETWEEN ONSE I AND DEATH PART I. DEATH WAS CAUSED BY:   DATE II. DEATH WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF WAS
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  A. S. C.V. D. & ACUTE M.T. (minuts)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o), storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-  190 DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY? 210. ACCIDENT WAS UNDERLYING  2110. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  211c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), storing the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  LOWER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  100. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY  YES   NO   YES   YES   NO   YES   NO   YES   NO   YES   NO   YES   YES   NO   YES   YES   NO   YES   YES   NO   YES   YES   YES   YES   NO   YES
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF JUL.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  210. ACCIDENT WAS UNDERLYING   400. A.M. MONTH DAY YEAR  210. ACCIDENT WAS UNDERLYING   400. A.M. MONTH DAY YEAR  210. ACCIDENT WAS UNDERLYING   400. A.M. MONTH DAY YEAR  210. ACCIDENT WAS UNDERLYING   400. A.M. MONTH DAY YEAR
gove rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-  1996 DATE OF OPERATION  1996. CONDITION FOR WHICH OPERATION WAS PERFORMED  2106. ACCIDENT WAS UNDERLYING   2116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  2116. ACCIDENT WAS UNDERLYING   2116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  2116. ACCIDENT WAS UNDERLYING   2116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116.  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 100. ACCIDENT WAS UNDERLYING 100. ALMS OF INJURY 100. ACCIDENT WAS UNDERLYING 100. ALMS OF INJURY
190. DATE OF OPERATION 191. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 201. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 101. ACCIDENT WAS UNDERLYING 102. ACCIDENT WAS UNDERLYING 103. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
OR CONTRIBUTION OF CAUSE OF REALTH HOUR A.M. MONTH DAT TEAK
OR CONTRIBUTION OF CAUSE OF REALTH HOUR A.M. MONTH DAT TEAK
OR CONTRIBUTION OF CAUSE OF REALTH HOUR A.M. MONTH DAT TEAK
OR CONTRIBUTION OF CAUSE OF REALTH HOUR A.M. MONTH DAT TEAK
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19
216. PLACE OF INJURY 21f. LOCATION
(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET CITY OR TOWN COUNTY STATE  AT WORK
220.4 certify that (I) (this hospital) attended the deceased from 3- 1980, to Aw 17, 1985, that (I) (w) last
sow the deceased glive on Awa 2 19.85 and that in (my) (and) gaining death accurred on the date and hour and from the cause stated
abave, (I) (web abd) (did not) view the body ofter death.  226. DATE SIGNED
MD, ATTENDING MEDICAL STAFF 8-17-85
226. PHYSICIAN'S NAME (LYPE OR PRINT) 220. ADDRESS
Ataollah Golpira M.D. 1104 Gypsy Lane West, Towson, Md. 21204
230, BURIAL CREMATION, REMOVAL 236, DATE 230, NAME OF CEMETERY OR CREMATORY 23d, LOCATION
(SPECIFY) CITY OR TOWN COUNTY STATE
24 FUNERAL DIRECTOR 23.3.2.2 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
OHMH-16 50M 4/82  (VRA 15, 4)  Duda-Ruck Funeral Home, Inc. 7922 Wise Ave.  AND 1985

(VRA 15, 4)





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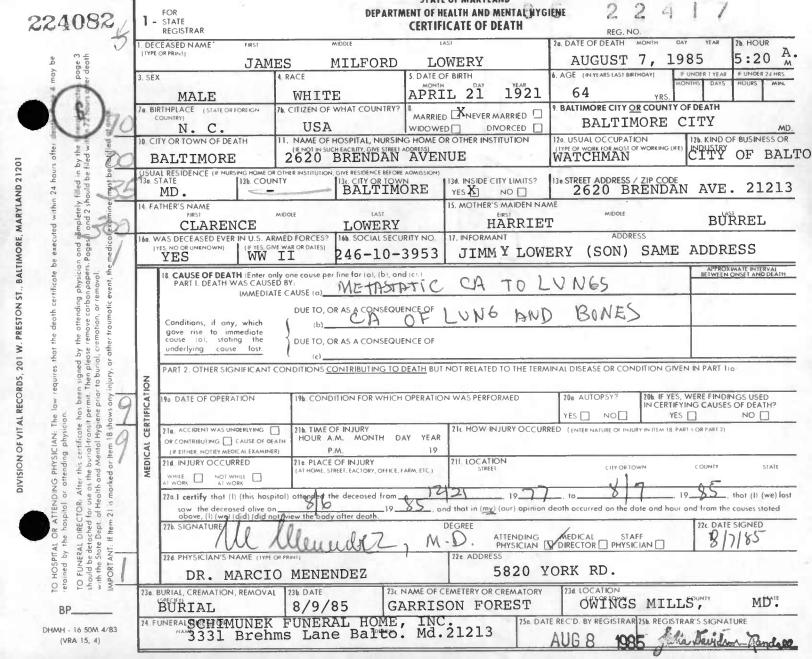
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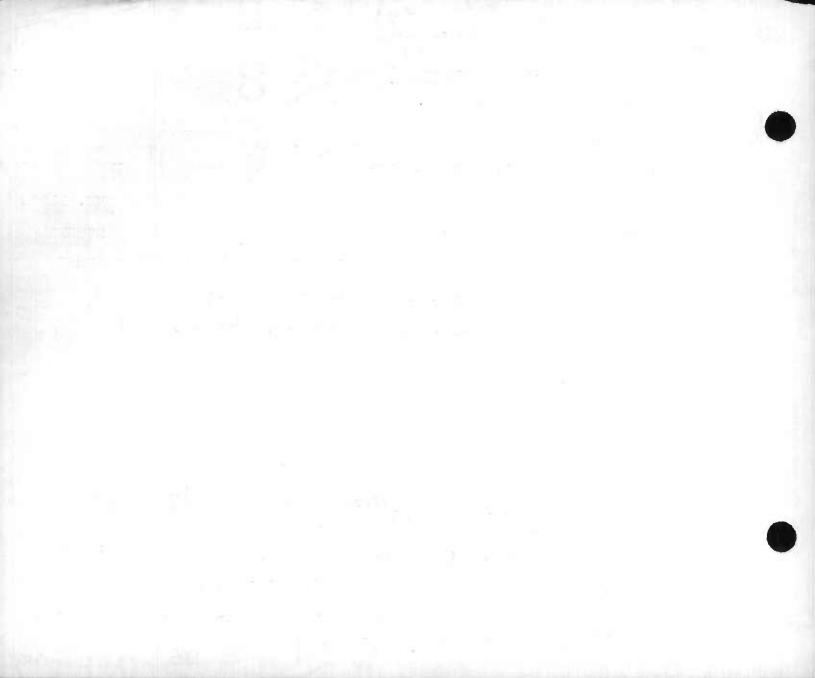
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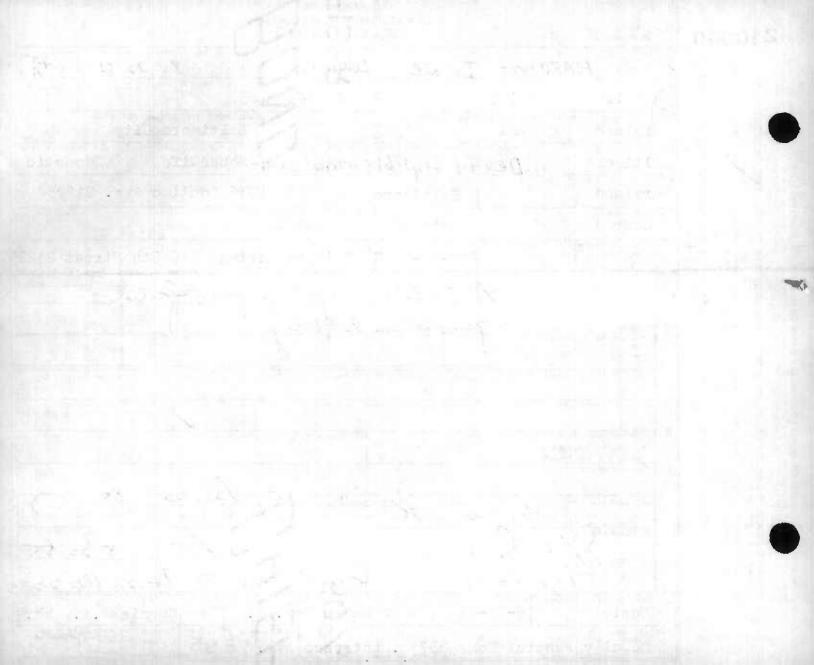
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ge 4 mo	3. SE.	Pemale	White	1. DATE OF BIRTH 121 4 1899	6 AGE (IN YEARS LAST BIRTHDAY)  85  YRS	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol directory		RTHPLACE (STATE OR FOREIGN ETYLAND	76. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUN	
of the fundamental states of the fundamental	Ba	altimore	Deaton Hos	NG HOME OR OTHER INSTITUTION TABLES AS MEDICAL CENT	120. USUAL OCCUPATION (119) FOR WORK FOR MOST OF WORKING HOUSEWITE	126. KIND OF BUSINESS OR INDUSTRY DOMESTIC
led in	Ma	ALRESIDENCE (IF NURSING HOME COL ATYLAND 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JINTY BALT.	more YES NO	15 56 PORS 128 60	%ve. 21225
Pa Carlo	H. F	Conrad	Menge Weinga	and Hattie		LAST
execute 0 0 0 0		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 212-16-		Norton 916 8t	th Street 2122
quires that the death co signed by the ottendin hen please remove carb to burial, cremation, or njury, or ather traumatic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO OR AS A CONSEQUENCE OF TO CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	SIVEN IN PART 110
he low red on. hos been t permit. T ene prior t	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
SICIAN: T ng physic: certificate rirol-transi ental Hygi	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFEITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM I	
DING PHY or attending After this e os the bu	ME	WHILE NOT WHILE AT WORK	pital atjended the deceased from	FARM EIC   STREET	CITY OR TOWN	COUNTY STATE
AL OR ATTEN the haspital AL DIRECTOR: detached for us ate Dept. of He IT: If Hem 21 is		sow the deceased plive of	not) view the dody after death.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED
TO HOSPITAL TO FUNERAL Should be dete with the State		224 PHYSICIAN'S AME (TYPE	NKEED	170 ADDRESS	HAS ST. BA	40, MD, 2123
BP		BURIAL, CREMATION, REMOVA		MAME OF CEMETERY OR CREMATORY Glen Haven Mem.	Pk. Glen Bur	nie M.A. Mb.
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Rt. 5 Box 4185 27950 209 Riverton Rd. (Daughter) 21220 APPROXIMATE INTERVAL PART 2 QTHERSIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (authopinian death accurred an the date and hour and fram the causes stated 27h SKINATURE 77c DATE GIGNED ATTENDING EDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Louis Semenoff. M.D. 2108 Orems Rd. Balto., Md. 21220 TH BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Chesapeake Memorial Chesapeake, Virginia 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE guina Davidson-Mandalle Americanski Funeral Home PA 1407 Old Eastern Ave. AllG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS

12b KIND OF BUSINESS OR

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DHMH - 16 60M 7/84 (VRA 15, 4)

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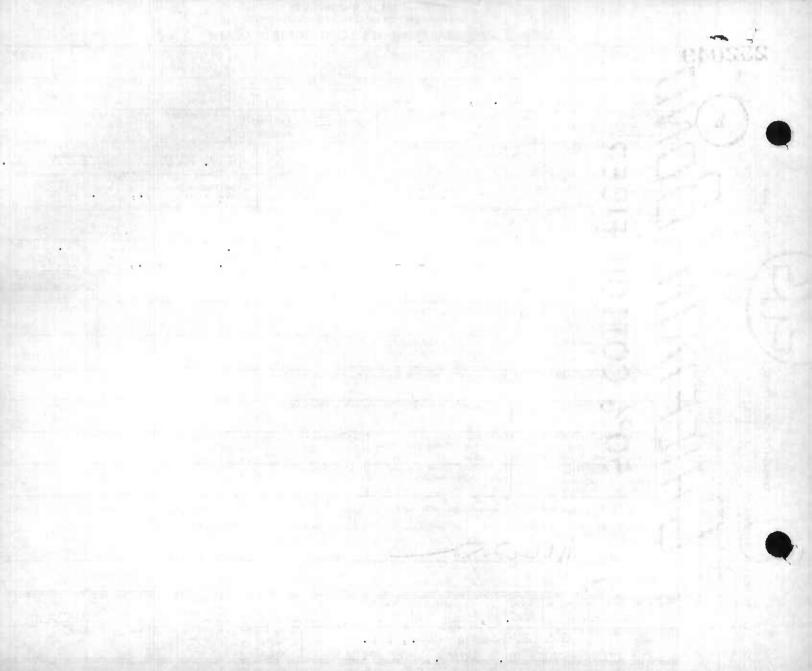
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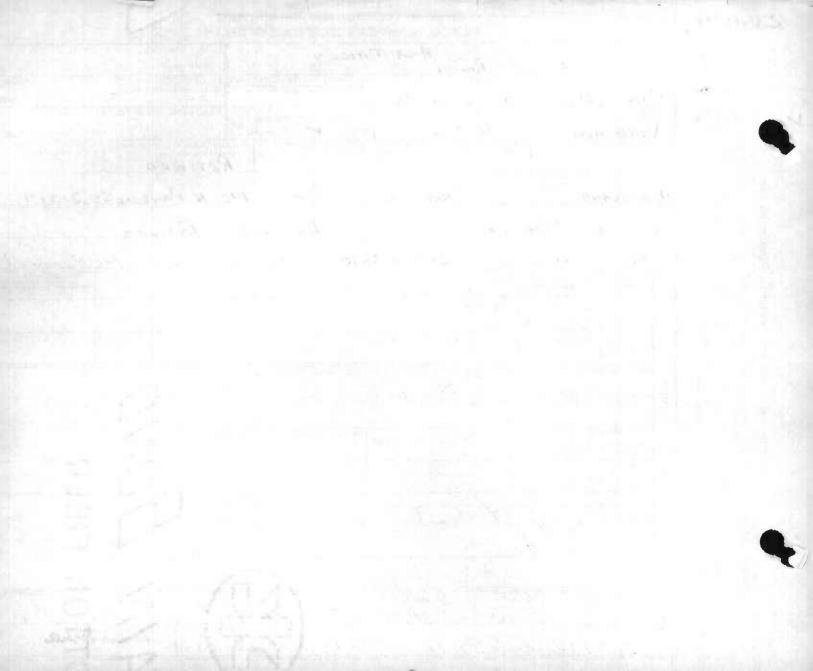
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EFFIELD TRUE CYNCH 8-E-85 temple White a stay 91 WVA\_\_\_USA\_\_SELECTION in the settling to water to want thereing therein Sheer Marith Some Same - Sweet and Wille Might and Garage

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR DECEASED NAME 20. DATE KNOWN IX MONTH (TYPE OR PRINT) STANT FY DEATH MATED MACKLIN 6 AGE (IN YEARS SEX 4. RACE DATE OF BIRTH IE UNDER 24 HRS DATE 2d HOUR BIRTHDAY PRONOUNCED OCT.12,1926 58 MALE WHITE DEAD Z-RIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED MARYLAND USA WIDOWED [ DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DIST MANAGER Maryland General Hospital Baltimore #21201 YES X NO 131111 PARK AVE., APT. 1506 MARYLAND 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FARBER **JACOB** IRVING MACKLIN DORA 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT MRS. ELAINEDMACKLIN APT. 1506 BALTO., MD 214-20-8707 1111 PARK AVE. 21201 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6). Hypertensive & arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NOX 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM FIC I WHILE AT WORK CITY OR TOWN 22a I certify that I took charge of the remains described above, held an Autopsy Natural causes X Accident TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 8-29-85 EXAMINER'S NAM Ann M. Dixon, M.D. 111 Penn St., Balto., MD 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY BURIAL AUG. 30, 1985 ARLINGTON (CHIZUK AMUND) BALTIMORE MARYLAND 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SOL LEVINSON SS BROS. INC. **DHMH - 17** (VR A15 ME (5)) 6010 REISTERSTOWN RD BALTO, MD



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SISTER	3. SE	4	4. KACE	5. DATE OF BIRTH	YEAR	LAST BIRTHD	ARS IF UN		UNDER 24 HR	S. 2c. DATE PRONOUNCE	MONTI	H DAY	YEAR THOUGH
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F ANY DELAY IS NECESSARY, PLEASE AND 3TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS. RECORDS, 201 W, PRESTON STREET,	13a. S	AL RESIDENCE TATE	(IF IN NURSING HOME O			OR TOWN		13d. INSIDE CITY L	MITC2   13. C	TREET ADDRESS			
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(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE S CERTIFICATE OF DEATH

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3 /	0	ES, NO OR UNKNOW!		WAR OR DATES)			MARGARI	ET MAD	ISON		ABOV		TERVA!
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red o	MEDICAL	21d INJURY OC	CURRED  DI WHILE  I WORK		OF INJURY REET, FACTORY, OFFICE	E FARM ETC )	211. LOCATION STREET		CITY OR TO	OWN	COUNTY		STATE
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-	-	REMATION	_	8/7/8	5	IOHNS F	OPKINS HOSP		BALTI		MD. 21 TRAR'S SIGNA	205	
M 7/84	24 10	MAHE DIRECTO	, ,		ADDRESS		A	I- RECD.	or REGISTRAN		TRAR S SIGNA	O. A.	

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AND 212		AL RESIDENCE IN NURSING HOME OR STATE	ITY 13 CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌		ZIP CODE	21215 town R:	
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MORE, In ond come medical		WAS DECEASED EVER IN U.S. AR	E WAR OR DATEST	SECURITY NO.	Olivia m	adison 48	53 Rei	stersto	) WO
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he low on.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	AUSES OF DEATHS	2
N OF VITA SICIAN: TI g physicia certificate ririol-tronsil them 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR		JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORP	'ART 2)	
DIVISION OF NG PHYSICIA uffer this certific os the burolath ond Mentol	MED	Z1d INJURY OCCURRED  WHITE NOT WHITE AT WORK	(AT HOME STREET, FACTORY, (	OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TO	wn cou	UNITY STAT	.TE
O O P O P O P O P O P O P O P O P O P O		22a 1 certify that (I) (this hospi sow the deceased alive on above (I) (we) (did) (did no	tol) attended the deceosed AUCL3, 1985 t) view the body after death		nd that in (my) (our) apinio	on death occurred on the de		, that (1) (we	
HOSPITAL OR onned by the his Figure 1 bit of the his Figure 1 bit of the first of the his Figure 1 bit of the Figure 1 bit of the his Figure 1 bit of the first of the his Figure 1 bit of the his Fig		276 SIGNATURE  ALOX  278 PHYSICIAN'S NAME (TYPE OF THE PHYSICIAN'S NAME (TYPE OF THE PHYSICIAN'S NAME)	ita Pop	Ll .	DEGREE ATTENDING PHYSICIAN 22* ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	FF _/	date signed	1985
PP		BURIAL, CREMATION, REMOVAL	23b DATE 8/9/85	Carrie	EMETERY OR CREMATOR	CITY OR TOWN	COUNT	Y STAT	TE .
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	AD	DRESS .		ATE REC'D. BY REGISTEAR 1985	256 REGISTRAPISE	SNA MARICA DO	-
(VRA 15, 4)	h	on. C. march		E. NOY	th Ave	1000 1300			

TOUTE OF THE PROPERTY OF THE PARTY OF For I was a server of the serv

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	REGISTRAR		CERTIFI	CATE OF DEATH	REG. 1	10.		
	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	10.0	151	20 DATE OF DEATH	MONTH DAY	YEAR 21	b. HOUR
	9 AD	1/3 R.	MAYC,	MERC		08-0	1.83	//+M
1	3 SEX	4 RACE	S. DATE O		6 AGE (IN YEARS LAST B			F UNDER 24 HRS
	FEMALE	WHILE	MONTH 3	14 400	85	YRS.		HOURS MIN.
H	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
(	KUSSIA	USA	WIDOWE		BACT	0. C124	'	MD.
ï	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTITUTION	120 HOUSEWIF	WORKING LIFE	12b. KIND OF E	BUSINESSOR
	BALTIMORE	LEVINDALE CHEON	Nic IREHI	9B HOSP.	XXXXXXXXXXXX		AT HO	ME
7	USUAL RESIDENCE (IF NURSING HOME OF		BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
2	MARYLAND	BALTIN		YES X NO	3314 CLAR		APT. B	#21215
	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM			LAST	
2	RABBI ELI		ENSTEIN	ANNA	MIDDLE		SCHWA	RTZ
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT SA	MUEL B. MA	RMER A	PT. B	7-1
	(YES, GOR UNKNOWN) (IF YES, GI	216-03	3-2349A	3314 CLARKS	LA. BAL	TO., MD	2121	.5
9	18 CAUSE OF DEATH (Enter OF	nly one cause per line far (a), (b	L and IC	. 70			APPROXIMA BETWEEN ON	SET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (a) MET	A STA	TIC ISKE	ASI		14	1
		DUE TO, OR AS A CONSE	EQUENCE OF A	MEGINON	0.1		1	
	Conditions, if ony, which	(b)		JING TOOK	1/4			
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF					
	underlying cause last.	(6)	LOOLINGE OF					
		CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART Ira	
	o l							
2	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?		ERE FINDING	
-	TIE				YES NO	YES [	_	NO [
2	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	URY IN ITEM 18 PART	ORPART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIR .	19					
	(IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED	21e PLACE OF INJURY	EICE LADM STC )	211 LOCATION	CITY OR T	OWN	COUNTY	STATE
	WHILE NOT WHILE AT WORK	(ALTOME SINELI, FACTORY, OFF	rice, ranm, erc j	2.	-			
ı	22a I certify that (I) (this hospi	ital attended the deceased from	om	- 71 19 80		1-0) 19.	8 > , the	ot (1) (we) lost
	saw the deceased alive an above, (1) (we) (pld) (did no	at) view the body after death.	19_\$5_, and	d that in (my) (aur) apinian o	death accurred an the	date and hour an	d from the car	uses stated
9	22% SIGNATURE		0	DEGREE			22c. DATE SIG	GNED
	WW	hw	us,	MATTENDING PHYSICIAN	DIRECTOR PHYS		8/5/	85
	THE PHYSIC PAPES NAME (TYPE C	OR PRINT)		22e ADDRESS	1			18445
	13, 6	2W-W, N	/ .	LEVINDA	12 013/	48ETR.	I (M	2/2/5
	230. BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION			10
	(SPECHY) BURIAL	AUG. 6,1985	BNAI IS	RAEL (MISHKON	TSPAFT SE	7 ) DA	TTTT	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending phy should be detached for use as the buriol-transit permit. Then please remove carbon powith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remo!!MPORTANT: If them 21 is marked or tem 18 shows any injury, or other traumatic even

24 FUNERAL DIRECTOR SOL LEVINSON 6010 REISTERSTOWN RD. & BROS., INC. BALTOORS, MD 21215

BNAI ISRAEL (MISHKON ISRAEL SEC.) BALTIMORE 250 CALLE TY BY REPURSAR 236 REGISTRAR'S SIGNATURE

MD

rantas

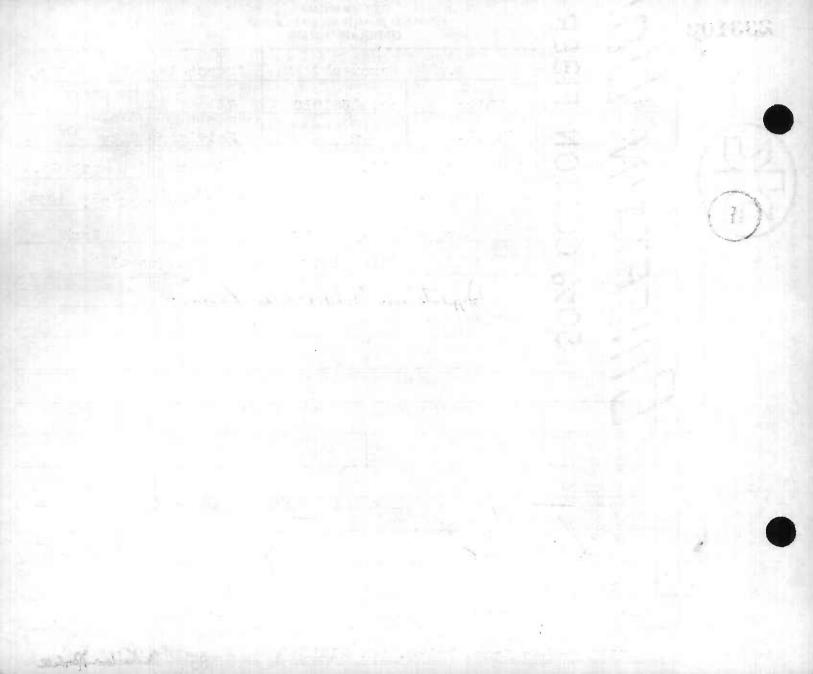
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22421

				317	ALE OF MAKILA	IND		0 4 0	/
102	1.	FOR STATE		DEPARTMENT OF			HENE Con	la " la	
LUX		REGISTRAR		CERT	IFICATE OF D	EATH	REG. NO		
N	I. DE	CEASED NAME (AKAIRST	TIMER HAIDDLE	MARSHALL!	LAST		20. DATE OF DEATH		AR 26 HOUR
= 1	(TYPE	OR PRINT)				C			
		Elme			rousek,	Sr.	August		7 A.M
	3. SE	X	4. RACE		E OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
		Male	White		. 16 19		74	YRS.	A CONTRACTOR OF THE CONTRACTOR
8	a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8			9 BALTIMORE CITY O		н
37		Md.	U.S.A.	1	RIED   NEVER N	ORCED T	Ral+im	ore City	146
2	10 C	ITY OR TOWN OF DEATH		TAL, NURSING HOM			120 USUAL OCCUPATION		ND OF BUSINESS OR
W	D	-1-4	(IF NOT IN SUCH FACILI	ITY, GIVE STREET ADDRESS)			TYPE OF WORK FOR MOST O	F WORKING LIFET INDUS	TRY
3		altimore ALRESIDENCE (IF NURSING HOME O		rnwood R			Painter	Me	eat Co.
to C	13a S	STATE 136 COU		TTY OR TOWN	1 13d. INSIDE CI	ITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
-	M	d	В	altimore	YES KX	NO 🗌	1906 Bu	rnwood Ro	d. 21239
1	4 FA	ATHER'S NAME	WIDDLE	LAST		MAIDEN NA	ME		
Pop		Frank		rousek		lary	MIDDLE	1	Bark
8 /	160 V	VAS DECEASED EVER IN U.S. A		OCIAL SECURITY NO			ADDRE		Dain
7 /	- 1		IVE WAR OR DATES)	5-09-652	2 Elme	r Mar	ousek Jr.	(same)	
2	$\vdash$	no			Z DIMC	-1 1101	Ouben or.		NR. A
1		PART I. DEATH WAS CAUS		ar (a), (b), and (c)	1 1	1	1	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
945			ATE CAUSE (a)	serleasere	anter	reale	Losean	e	
o if			DUE TO OR AS A	CONSEQUENCE OF					
-		Canditians, if any, which	(d)						
r to		gave rise to immediate cause (a), stating the	DUE TO OR AS A	CONSTONENCE					
of the		underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF					
0	175	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH B	LIT NOT BELATED	TO THE TERM	IN ALDISEASE OF CONI	DITION CIVEN IN DAT	DT 1
S.	NO	TANT 2 OTTER STORT ICANT	CONDINONS CONTRI	BOTHEO TO DEATH B	OT NOT KELATED	TO THE TERM	MINAL DISEASE OR COIN	JITION GIVEN IN PAR	(1 110
10	A	190 DATE OF OPERATION	19h CONDITION	FOR WHICH OPERAT	ION WAS PERFO	DAAED	20a AUTOPSY?	20b. IF YES, WERE FIL	NDINGS LISED
:4	CERTIFICAT	The Division of Enteriors	The Continue	TON TYTHET GIENAL	1011 17737 ERI O	MALD		IN CERTIFYING CAL	
-	E			unv.	Tax transmi		YES NOL	YES	NO 🗌
90	2	210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		MONTH DAY YEA	R ZIC HOW IN.	JURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	T 2)
17	3	LIFETHER NOTIFY MEDICAL EXAMINE		19	>				
5 1	MEDI	21d INJURY OCCURRED	21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATIO	N	CITY OR TO	wn COUNTY	Y STATE
	5	NOT WHILE	(MITTOME, STREET, FAC	TORT, OFFICE, FARM, ETC )					
1		220 I certify that (I)	mail attended the dece	eased from	lan.	10 80	to yorkar	nt 10	, that (I) (wer)last
5		saw the deceased the a			and that in (my)	our opinian	death accurred an the do	ite and have and from	
1		77% SIGNATURE	ot) view the body after a	legh.	DEGREE				ATE SIGNED
6		1110				TTENDING \	/ MEDICAL STAF		15.05
2-		Cope	and		P	PHYSICIAN D	DIRECTOR PHYSIC	IAN D	1282
51		226 PHYSICIAN'S NAME (TYPE			22e ADDRESS	1			
0		Dr. Ander	son Renic	k	05	sler E	31dg., Sui	te 401	
	23a E	BURIAL, CREMATION, REMOVA			CEMETERY OR C	REMATORY	23d LOCATION		
1		Burial	8/17/85	Parkw	rood		Baltim	ore	Md. STATE
A 7/84	24. FI	JNERAL DIRECTOR i mune			nc	25a. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIG	NATURE
INA 7/84		1444 DETECTION			111144				

3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 60M 7/84 (VRA 15, 4)



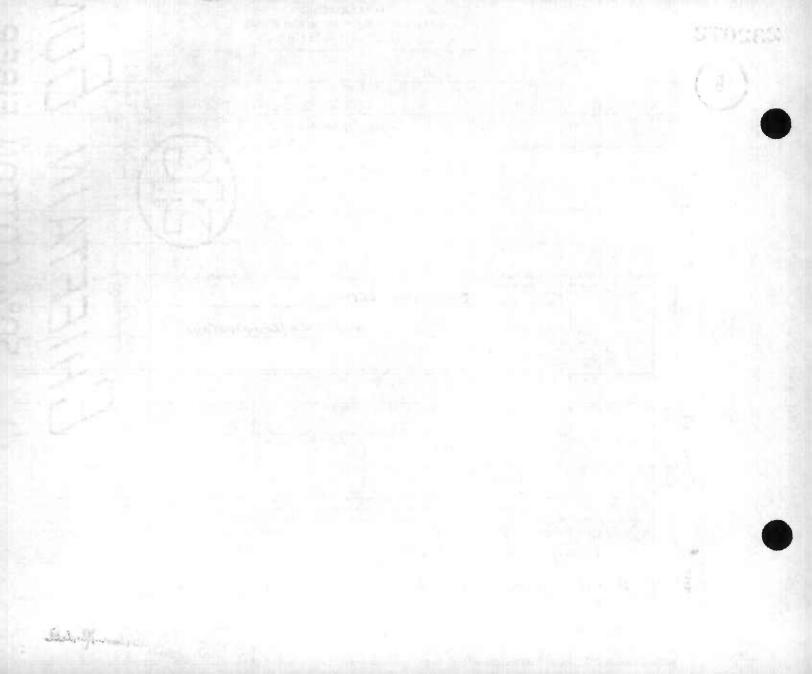
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

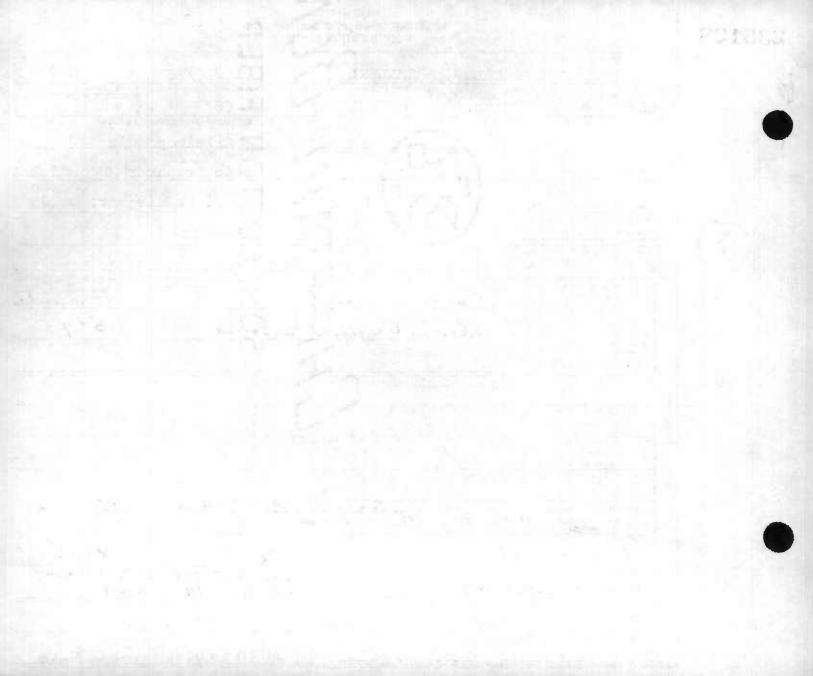
## STATE OF MARYLAND CERTIFICATE OF DEATH

REGISTRAR			CERTIT	ICAIL OI	PERIII	REG.	NO.		- 6	
I DECEASED NAME	FIRST	MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
<u> </u>	TAMES	A	M/	ARSH			8	13	85	2:17A
3. SEX	4 RACE		5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY]		DER I YEAR	
Male	Blac	k	5 MONTH	15	19	66	YRS	S. MONT	HS DAYS	HOURS MIN.
Jo. BIRTHPLACE   STATE OF I	OREIGN 76 CITIZEN	F WHAT COUNT	RY? 8	NEVER	MARRIED -	9. BALTIMORE CITY	OR COUN	ITY OF	DEATH	
COUNTRY MD		USA	WIDOWE		ONORCED	Baltimon	re Cit	ZV		М
10. CITY OR TOWN OF DEA		OF HOSPITAL, NU		OR OTHER IN	STITUTION	120 USUAL OCCUPA	NOITA	1	2b. KIND (	OF BUSINESS OF
Baltimore	VAMC,	Baltimon Baltimon	re, Mary	land	21218	(TIPE OF WORK FOR MOS	TOP WORKING	> tare)   II	VDUSTKI	
USUAL RESIDENCE (IF NURS 130. STATE MD	13b COUNTY	Baltin		13d. INSIDE YES	CITY LIMITS?	13. STREET ADDRES 1714 W.	s / zip co Lanva	oDE ale	St.	21217
14 FATHER'S NAME	w.pour	LAST			'S MAIDEN NA	ME	1171			
Berry	ADDLE	Marsh		(	Carrie	E. MIDDLE	But	ler	LA	AST
160 WAS DECEASED EVER	IN U.S. ARMED FORCES		SECURITY NO.	17 INFORM	ANT	ADD	RESS			A
(Yes no or unknown)	(IF TES, GIVE WAR OR DATES	216-18	3-6077	Olivi	a Marsh	1714 W. L	.anval	e S	t.	
18 CAUSE OF DEAT	H  Enter anly ane cause	per line for (a). (b	), and (c+)					T	APPRO)	XIMATE INTERVAL I ONSET AND DEATH
PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a).	\$160,0	STORY A	RREST					BCTWICK	ONSET AND DEATH
					1					
Conditions, if any,		OR AS A CONSE	EQUENCE OF	PNEUM	DNIA /DE	EHYDENTION				
gave rise to imm	nedipte				1.0	77 1074				
underlying cause		OR AS A CONSE	EOUENCE OF							
PART 2 OTHER SIGN	UFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT BELATE	D TO THE TERM	AINIAI DISEASE OD CO	MOITION	CIVENI	NI DADT 1	
	VINCANT CONDITIONS	CONTRIBUTING	TO DEATH BOS	NOT RELATE	DIO THE TERM	MINAL DISEASE OR CC	MUITION	SIVEN I	NPARII	(a)
190. DATE OF OPERA.	ION 19b. CON	DITION FOR WH	HICH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	20b. IF '	YES. WI	FRE FINDI	INGS USED
띺	- 100					VES CO NOCO	IN CER	RTIFYING		S OF DEATH?
210. ACCIDENT WAS UND	PERLYING 71h TIME	OF INJURY		71r HOW I	NILIRY OCCUPI	RED (ENTER NATURE OF IN		YES _	OR BART 31	NO [
0.0.00.00.00.00.00.00.00.00.00.00.00.00	LUCUS	A.M. MONTH	DAY YEAR		, son occom	TENTER NATURE OF IN	JORT IN HEM I	O FARIT	ORPARI 2)	
(IF EITHER NOTIFY MEDIC 21d INJURY OCCURE		P.M.	19	THE LOCAT	ION					
WHILE IT NOT WH	(AT HOME	STREET, FACTORY, OFF	FICE, FARM, ETC )	211 LOCAT		CITY OR	IOWN	- 1	COUNTY	STATE
AT WORK AT WO	k -		ATTOTAL							1000
220 I certify that X	(this hospital) ottended	the deceased from	om_AUGUS	1 5, vv	19_85	to AUGUST		_, 19_{	35	that X (we) la
abave, (X) (we) (c	d alive an AUGUS	dy after death.	190.5 an	nd that in No.	() (aur) apınıan	death accurred an the	date and h	iavi and	I fram the	causes stated
226. SIGNATURE	011.180	1. A	1	DEGREE	ATTENIONIC	MEDICAL	AFF		22c. DATE	SIGNED
No	Wan W WV	my	Mo			MEDICAL ST DIRECTOR PHYS	AFF SICIAN []		8/1	4/85
22d. PHYSICIAN'S NA	1	( )		22e. ADDRE	SS				/	/
A,W	Johnson	71.01	mo	VAMO	. Balti	more, Mary	land	217	218	
230 BURIAL, CREMATION,	REMOVAL 23b. DATE	/	23c NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION				
"Bürial	8/16	/85	King Me	morial	Park	Baltim	ore	Co	• AINT	MD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave.





		FOR Fi	lm G607	item	DEPARTA			ARYLAND AND MENTAL	IVGIENE	9 9	a 3	n	
242083	1-	STATE 1 REGISTRAR	, 14, 14	. 100		XAMINE		de	F DEAT	KEO	. NO.		
		CEASED NAM	STEVEN	SHALL	WIDDLE		STEV	MARSH	ALL 20	DATE KNOWN OF ESTI- DEATH MATED		-8.5 19	2b HOUR
FLAV IS NECESSARY, PLEASE TO THE FUNKRAL DIRECTOR. PAGE 5 FOR YOUR FILES. REFILED WITHIN 72 HOURS OF YOUR PRESTON STREET.	3 SEX	- 4	4 RACE Black	5. DATE OF BIRTH MONTH DAY	16	6 AGE (IN YEARS LASY BIRTHDAY) 69 YRS		DER TYR. IF UNDER		DATE RONOUNCED DEAD	MONTH	DAY YEAR	2d HOUR
SSAR RALD R YOU HIN 7	7a. BI	RTHPLACE (S PREIGN COUNTRY)		76 CITIZEN OF WE			MARRIE	D X NEVER MARR		BALTIMORE CI			14:20/
FUNES STORES		TY OR TOWN	N.C.	USA			WIDOWE	DIVOR	CED D	Baltimor			MD.
A PRESENTATION OF THE PRES		altimor		11. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE STR	EET ADDRESS)	OK OTHE	RINSTITUTION	FOR MC	L OCCUPATION 1ST OF WORKING LIFE)	(TYPE OF WORK	26 KIND OF BUSTR	
( E 0 100 )	USUA	AL RESIDENCE TATE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GI	VE RESIDENCE B	EFORE ADMISSION		13d. INSIDE CITY LIMITS?		T ADDRESS			
	14 F/	Md.			Balt	imore		YES NO D		8 Raynor	Avenue	212	16
# # 50 FF		FIRST Ja	mes	Steven Mar	Mare	shall		Garthy	Gratha	Amoute A	I	Benmette	9
TIMO TIMO ON O	16a V (Y		DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCI	AL SECURITY I		17. INFORMANT		ADDR			
URS AFTER B. GIVE P. WITH FO TI. PAGES DIVISION		O CAUSE O	E DEATH (Enter on	ly one couse per line		-18-440	4	Myrtle Ma	rshal	1 2808	Raynor	Avenue	INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF WRITING THE WORD." PENDING". IN PENCIL IN 1TEM 18, RADED TO THE CHIEF MEDICAL EXAMINER ALONG WER SANDED BE USED AS A BURIAL-TRANSIT PERMIT. TE DEPARTMENT OF HEALTH AND MENTAL HYGENE, DOT PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Condition gove ris couse (o) lying cou	ns, if ony, which se to immediate stating the <u>under-</u> ise lost.	CAUSE (a) Ar DUE TO, OR (b) DUE TO, OR (c)	AS A CONS	SEQUENCE OF		ardiovasc	6	lisease_			
TAL REGION OF HER AND USED AN USED AN OF HEA COF HEA C	CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	TION FOR W	HICH OPERA	TION WA	AS PERFORMED?	34			20 AUTOPSY?	NO EX
DIVISION OF VITAL RECORDS, SCERTIFICATE SHOULD BE EXECUTING THE WORD "FENDING" ROED TO THE CHIEF MEDICAL RE SHOULD BE USED AS A BUB OF SHOULD BUBLITH AND THE SHOULD BUBLITH AND THE SHOULD BUBLITH AND THE SHOULD BUBLIALLY CREMATING TO BURIALL, CREMATING THE SHOULD BUBLIALLY AND THE SHOULD BUBLIALLY	MEDICAL CERT	UNDERLYING CONTRIBUTION	AL CAUSE WAS OR NG CAUSE OF E	DEATH P.M	. MONTH	DAY YEAR		W INJURY OCCURRE	ED (ENTER NA	TURE OF INJURY IN ITE	M 18 PART ) OR PART		NO LA
DIVIS THIS CER TE, WRITIN RWARDED PAGE 3 S STATE DEP	MED	WHILE AT WORK	NOT WHILE C	21e PLACE C STREET, FACT	OF INJURY FORY, FARM, ETC		ZII LOC	ATION REET		CITY OR TOWN	COUN	ıfγ	STATE
DICAL EXAMINER:  TE THE CERTIFICATE  4 SHOULD BE FOR WEALA DIRECTOR:  BOOKE, MARYLAND,	2	22a I certi death result ACTUAL SIGNATURE EXAMINER'S ITYPE OR PRII	NAME M	e of the remoins des	Accident	, Suice	M.I	Homicide , TITLE (SPECIFY) Assistan	Undeter	Inquiry X. mined monner [  AL EXAMINER  Street	Ond in my opin	8-25-8	85
TO FULL AFTER BALTIN	23a.B		TION, REMOVAL 2			AME OF CEME		DDRESS	23d. LOC		COUNT	Y STA	ATE
07/84 BP	Bu	uneral DIREC		8/30/85	We	stview	Mem.	Park 1250. DATE	Cate	onsville	. Md.		
DHMH - 17 (VR A15 ME (5))	-	NAME		, Inc. 1	101 E	. North	1 Ave	ALIA	2819	85		-Mandell	



BALTIMORE,

W. PRESTON ST.,

DIVISION OF VITAL RECORDS,

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	-	ST	A	TE		
•	1	PE	G	IS1	R	۵
1		146				
7	-	-	_	-		-

REGISTRAR			CEKTIF	ICATE OF DEATH	REG. NO	O.		
DECEASED NAME FIRST		MIDDLE	l	AST	2a DATE OF DEATH		AY YEAR	26 HOUR
(TYPE OR PRINT) Carrie	•	J.	Ma	rtin	August 3	, 1985		4:15 P
3 SEX	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	White		May	31, 1913 YEAR	72	YRS "	ONIHS DATS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	<b>vv</b>	9 BALTIMORE CITY O		OF DEATH	
Virginia	U.S.	Α.	WIDOWE	DIVORCED DIVORCED	Baltimore	e City	226	MD
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR
Baltimore		ork Road			Clerk	F WORKING LIFE	Clot!	hing
USUAL RESIDENCE IF NURSING HOME 13a STATE 13b COU 13b COU		13. CITY OF TOWN Baltimon		134. INSIDE CITY LIMITS?	6225 York	ZIP CODE Road	21212	
14 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			SO1 7	
Roland	WIDDLE	Jamerson		E11a E11a	WIDDIE		Walto	n
160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITYNO	17 INFORMANT	ADDRE	SS		
TYES NO OR UNKNOWN) (IF YES. C	GIVE WAR OR DATES)	229-14-0	581	Mr. F.L.Mart	in Jr. 6225	York	Road 2	21212
18 CAUSE OF DEATH (Enter	only one couse pe	r line for (a), (b), and	d re-				BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	UTENIN	e SM	reem A			Inca	1/4
	DUE TO O	R AS A CONSEQUE	NCE OF					1
Conditions, if any, which	( (b)_							Not to the second
gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF				-	12 PM
underlying couse lost	( Ic)_							E43.23
PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	0
I 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING								
NO DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
E					YES NO	YES		NO [
210. ACCIDENT WAS UNDERLYING	110110 4	OF INJURY .M. MONTH DA	V VEAD	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	Y IN HEM 18 PA	ART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF D	r Alm	.M. MONTH DA	19	The state of				
(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE
WHILE ONOT WHILE O	(AT HOME ST	REET, FACTORY, OFFICE, FA	ARM ETC )	STREET	CITYORTO	WN	COUNTY	SIAIR
22a.1 certify that (1) (this has saw above (we))	7-25	19.5	7	nd that in (m) (our) opinion of	to 8 - 2	nte and hour		the (we) lost causes stated
226 SIGNATURE	-	0	7	DEGREE			22c. DATE	SIGNED
H JAS AS E	14	one		ATTENDING PHYSICIAN	MEDICAL STAF		8-5	-85
22d. PHYSICIAN 5 HAME THE	DEPEND /			22e ADDRESS	0 40	1		
60-	00 /	4.10		1 3712 K	2 V2 > DA 16	2.14	11710	

730 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVÁL (SPECIFY) Burial

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR should be detoched with the State Dept. MPORTANT: If he

BP.

18 sh

Liberty Baptist Cem. Ap

250 DATE REC'D.

AUG 6 Mitchell-Wiedefeld Home 6500 York Road 21212

236 DATE

8-5-85

23d LOCATION CITY OR TOWN

Appomattox

Va.

STATE

COUNTY

nas a 10 months and the site of the sum of a sum

248082	1	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIEND  CERTIFICATE OF DEATH  REG. NO.			
may be page 3 ecdeath		CEASED NAME FIRST E OR PRINT)	MIDDLE P.	Mart of Birth		MONTH DAY YEAR 26. HOUR  OR 29 55 10:15A  THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 m	3, 31	M.	B.	MONTH DAY YEAR 2 1900	6. AGE (INYEARS LAST BIRTHDAY)  85  YRS.	
leath. Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  10. CITY OR TOWN OF DEATH  Balte		L. S.A.	RY? 8 MARRIED NEVER MARRIED WIDOWED M DIVORCED	9 BALTIMORE CITY C	R COUNTY OF DEATH
by the full filled with			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FRANCES  CONTROL HEROSTOP WORK FOR MOST OF WORKING LI  FRANCES  CONTROL HEROSTOP WORK FOR MOST OF WORKING LI  FRANCES  CONTROL HEROSTOP WORK FOR MOST OF WORKING LI  FRANCES  CONTROL HEROSTOP WORK FOR MOST OF WORKING LI  FRANCES  CONTROL HEROSTOP WORK FOR MOST OF WORKING LI  FRANCES  CONTROL HEROSTOP WORK FOR MOST OF WORK FOR			
Illed in Id be	130	Md. Ba	THE INSTITUTION GIVE RESIDENCE BE 134 CITY OR TO TUY NEW	OWN 13d. INSIDE CITY LIMITS?	13 STREET ADDRESS 537 Mg	n St. 2/222
except of the second of the se	1)	Murray	Mantin LAST	15. MOTHER'S MAIDEN NA Charlott	MIDDLE	ripp et LAST
ficate be ertic physician a dic papers. Pa naval. ent, the medical		WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE!	VAR OR DATES) 213-09	-1217 Calvin Nar	tin 537	MAIN ST.
of the death certificate y the attending physicise remove carbon paper cremation, ar removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate	DUE TO, ORAS A CONSE	radory tarmin		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that then signed by the Then please reported by the please refer to burial, cremingly, are other	NOIL	Cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)				
The law ician.  te has be ssit permit giene priigene priidene prii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
JAN: physical tificat il-tran al Hy	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
NG ther as the orke	WEL	WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		CITY OR TO	WN COUNTY STATE
R ATTENDI haspital as IRECTOR: A hed for use ept. of Heal		22a. I certify that (I) (this hospital saw the deceased alive an abave, (I) (we) (did) (did not)		, and that in (my) (our) opinion	death accurred an the de	. 19, that (I) (we) last ate and haur and Iram the causes stated
T 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4	22b. SIGNATURE	2-	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI	FAN 8 29 85
CO HOSPITAL retained by 11 TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE ORT		22e ADDRESS		
BP		BURIAL, CREMATION, REMOVAL	9-4-85 25	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY M. STATE
DHMH-16 30M 2/80 (VRA 15, 4)	124 F	UNERAL DIRECTOR	ADDRES	San DAT	E REC'D. BY REGISTRAR	25b REGISTRAR'S SIGNATURE

Landard Committee of the second committee of the secon

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIEND

22933

REGISTRAR			CERTIF	ICATE OF	DEATH	REG. NO	D.		
DECEASED NAME FIRST		MIDDLE	i	AST	A STORY	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Wi	lliam	0.		ctin		August 6.			2:20P
3 SEX	4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR	(HDAY)	MONTHS DAYS	IF UNDER 24 HR
Male	Black	<	11	15	21	63	YRS	DATS	NOOKS MI
70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVE	R MARRIED .	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
VA	U:	SA	WIDOWE	_	DIVORCED [	Baltimor	e Ci	ty	A
10 CITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER IN	ISTITUTION	120 USUAL OCCUPATI			F BUSINESS C
Baltimore		nd Gener		spital					
MD	ME OR OTHER INSTITUTION OUNTY	Baltim	WN	YES 🛣	CITY LIMITS?	13e STREET ADDRESS / 501 Dolph			.7
14 FATHER'S NAME	MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	MIDDLE		LAS	51
Phillip		Marti			Ruth			Morris	
160 WAS DECEASED EVER IN U.S. N.S. NO OR UNKNOWN) (IF YE.	ARMED FORCES?  S GIVE WAR OR DATES)	166 SOCIAL SEC		17_INFOR		ADDRE			
No		217-18-	9612	Linda	a F. Wat	son 1725 N.	Port	St.	
Canditians, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	(b)	RAS A CONSEQU	incto !						
PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	MINAL DISEASE OR CON	DITION GI	VEN IN PART 1	0
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	TION FOR WHIC	H OPERATIO	N WAS PER	FORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDII FYING CAUSES ES [	
	F DEATH HOUR A.	FINJURY M. MONTH I M.	DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF CAUSE	21e PLACE (AT HOME STE	OF INJURY BEET, FACTORY, OFFICE	FARM ETC )	211 LOCA STR		CITY OR TO	WN	COUNTY	STATE
220.1 certify that (this h sow the deceased alive above, (1) (we) (did) (1)	e on August	6 198	July	13,	, 19 <u>85</u> y) (aur) opinion				that (we) lo causes stated
22b. SIGNATURE	a H Saras	, mD		DEGREE	ATTENDING PHYSICIAN [	MEDICAL STAR		22¢ DATE	SIGNED 6/85

DHMH - 16 60M 7/84 (VRA 15, 4)

Thomas H Ganey M.D 230 BURIAL, CREMATION, REMOVAL 236. DATE

226 PHYSICIAN'S NAME (TYPE OR PRINT)

8/10/85

c/o Maryland 23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Eastview Mem. Pk.

General Hospital 23d LOCATION
CITY OR TOWN
Baltimore

COUNTY STATE

MD

(SPECIFY) Burial 24 FUNERAL DIRECTOR

Wm. Narch F/H 1101 E. North Ave.

250 DATE REC'D. REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 9

Tia Davidson-Randell

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the state of the state of the

pub

Baltimore

Maryland

Thomas

130. STATE

136. COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

(IF YES, GIVE WAR OR DATES)

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2	2	8	0	- 7

1985

26 HOUR

C) (I)	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
-	1. DECEASED NAME FIT	RST MIDDLE	LAST	20. DATE OF DEATH MO				
		Josephine	Matrazzo	August 1				
(20)	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)				
V	Female	White	Dec. 25, 1904	80				
62 5	Ja BIRTHPLACE (STATE OF FORE)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C				
155	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore				

Caravello

IF UNDER I YEAR IF UNDER 24 HRS DAYS OUNTY OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Holabird Ave. Housewife USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore 6714 Holabird YES X NO Ave 15 MOTHER'S MAIDEN NAME Rosalie Marchiano ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT

10	212-07-3204 Daniel Matrazzo 6/14 Hola	bird Ave.
18 CAUSE OF DEATH (8 PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE 10) Arterioseterotic Coronary VASCULAR Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, w gave rise to immed cause (a), stating underlying couse	iote	
	CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART Ita

It hereatord Hithurts 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ NOF YES [ 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an. (aur) apinian death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the bady after death

DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN V DIRECTOR PHYSICIAN 22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

606 Hammonds Lane Brooklyn

230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Burial CITY OR TOWN Baltimore Jesus

24 FUNERAL DIRECTOR buda-Ruck Funeral Home of Dundalk, Inc.

DHMH - 16 50M 4/83 (VRA 15, 4)

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0 prior ony ed. and Mental Hygi 30 0 morked

If He

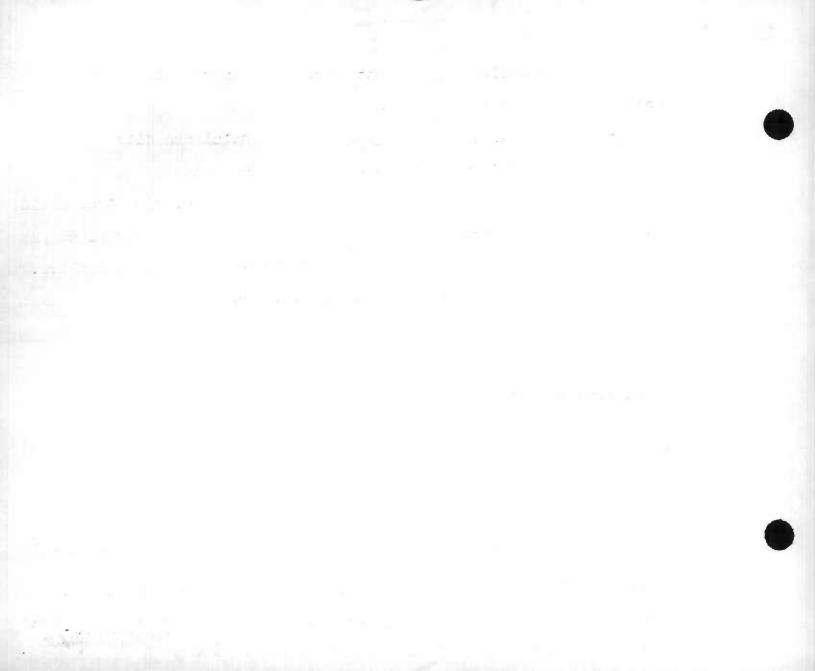
MPORTANT:

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

CERTIFICATION MEDICAL

Michael Schwartz, M.D.

236. DATE



## 234007 1 - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SERVICE OF DEATH

2 2 4 3 5

REGISTRAR		CERTIFIC	AILOID	LAIN	REG. NO.			
1. DECEASED NAME FIRST	MIDDLE	LAS	T	Will Hill	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
GRACE		MATT	-		AUGUST	15	85	9:35 MT
3 SEX	4 RACE	S. DATE OF		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MON1H	DAYS	HOURS MIN.
Female	White	9 MONTH	ı̈́9	ĭ <sup>2</sup>	67 YR			
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED	□ NEVER M	ARRIED 🗆	9 BALTIMORE CITY OR COU		EATH	
Alabama	U.S.A.	WIDOWED	DIV	ORCED	Baltimore	City	-45	MD.
Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE St. Agnes Hosp		OTHER INST	NOITUTI	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	GLIFE) IN	DUSTRY	Maker
USUAL RESIDENCE TIP NURSING TOME OF 130: STATE 130: COU Baryland Ba	or other institution give residence befoundly  Ito Baltimor	WN 11:	3d. INSIDE CI	TY LIMITS?	13, STREET ADDRESS / ZIP CO 4242 Twin Cir	ode cle w	lay 2	21227
14 FATHER'S NAME FIRST Joseph	MIDDLE Port		s mother's Mar	MAIDEN NAM	ΛΕ MIDDL€	Br	OCCE	ito
WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 214-66-		7 INFORMAN		ta 6530 Fampan	o Dr		21061 Burnie
PART 2 OTHER SIGNIFICANT  Thyundependent 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO At dialete; mellitry 196 CONDITION FOR WHICE	Alzhein	ner's 1	4 yperts	INAL DISEASE OR CONDITION  212510 N. My poffyy	YES, WER	RE FINDI	NGS USED
None	NA			11/22	YES NO	YES		NO [
OR CONTRIBUTING CAUSE OF O	216. TIME OF INJURY HOUR A.M. MONTH (	DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 O	R PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMIN	(ER) P.M.	19						
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE		III LOCATIO STREET	N	CITY OR TOWN	C	OUNTY	STATE
	outal) ottended/the deceosed from	67	107	10 65	. 01/5	10	85	al a strict and the
	on	85 T. ond	That in my	our popinion o	death occurred on the date and	hour ond	from the	that (I) (we) lost
22b SIGNATURE	not view the body ofter death		GREE		House		Zr. DATE	
M/ Islan	W. Kart			TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1	8	1,5/85
271 HYSICIAN'S NAME (TYPE	E OR PRINT)	1	22e ADDRESS		OKCETOR ATTITUDE IN		1	1
Rudolph C	· Cano Jr. 1	MA.						
23a BURIAL, CREMATION, REMOVA	AL 236 DATE 230	NAME OF CEA	AETERY OR C	REMATORY	23d LOCATION	11011	NITV	STATE
Burial	8/19/85 G	len Hav	en Mem	Park	Glen Burnie	A.	A.	Md STATE
24 FUNERAL DIRECTOR	ADDRESS				REC'D. BY REGISTRAR 256. REC	_		
George J. Gonce	4001 Ritchie H	wgy Bal	Lto Md	LAU	6 1 9 1985	a Lavie	tom-i	gandelle.

DHMH - 16 60M 7/84 (VRA 15, 4)

The state of the s Total A. De La Control NESSE VE CACCOL ELL divisional of charges of a section as more of the meaning 

226062	1-	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAN EALTH AND M ICATE OF DE	ENTAL HYGI	END 2	2 4	3 6	
		CEASED NAME FIRST	MIDDLE		AST			MONTH DAY	YEAR 2	b. HOUR
of Pe	(TYPE	OR PRINT)	am M.	M	e Cast	ne-1		8 6	85	9:50 M
may page	3. SE		4. RACE	S. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN		FUNDER 24 HRS
ge 4		Male	Cauc.	10		1929	55	YRS.		Mild.
Pod di		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	UNTRY?	D X NEVER MA	ARRIED -	9. BALTIMORE CITY O	R COUNTY OF	DEATH	200
death Jones		Pa.	U.S.A	WIDOWE	D DNO	ORCED		re City		MD.
the full with	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	TVE STREET ADDRESS)		NOITU	120. USUAL OCCUPATION	ON F WORKING LIFE) IN	b KIND OF	SUSINESS OR SISABILI
nurs of file	A)SU/	Baltimore AL RESIDENCE (IF NURSING HOME OF	Francis Sco		d. Ctr.		Coil winde	r w	esting	
AND 2	13a. S	Md.	NTY 13c. CITY		13d. INSIDE CIT YES 🛣	Y LIMITS?	3130 Ellio	tt St.	Balto	21224
	14. FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S	RST	NE MIDDLE		LAST	
W THE STATE OF THE		William	B. McCartney		Dor	othea			Anders	on
MORE,	(1	VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI W II	VE WAR OR DATES)	-22-2492	Mrs. De		Cartney -	3130 E	lliott ore, M	Street d. 2122
NG PHYSICIAN OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be rectificate be rectificate by the attending physician certificate has been signed by the attending physician certificate has been and sensitive permit. Then please remove carbonoppers. Permit and the fill that and Mental Hygiene prior to buriol, cremation, or removal.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CO	NSEQUENCE OF	Ar	rest			M inu	TE INTERVAL SET AND DEATH
L RECORDS, 201  In low requires the low requires the low bos been signed by permit. Then pleo one prior to buriol, one prior to buriol, was any injury, or a	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION FOR				NAL DISEASE OR CONI	20b. IF YES, WE IN CERTIFYING	RE FINDING	
N: The Nysicio control of the Nysicio control of the Nysicio of th	CERT	21a. ACCIDENT WAS UNDERLYING		ITH DAY VEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR		OR PART 2)	
DN OF V	¥	OR CONTRIBUTING CAUSE OF DE	AIR	19						
DIVISION ING PHYS r otherding after this of sos the bur the bur the bur division of the bur the order of the bur the sorked or the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION	٧	CITY OR TO	wn	COUNTY	STATE
L OR ATTENDI the hospital or DIRECTOR: A toched for use to Dept. of Heal		220.1 certify that (I) (this hasp	of) view the body of the dept	19 <u>85</u> , o	DEGREE AT	, 19_85 pur) opinion d TENDING HYSICIAN	to 9:5013 leath accurred on the do	ate and hour and		
O HOSPITAL efaired by H TO FUNERAL should be det with the Stote		Resina	A. Heals		F5	KMC			1 1	
O S S S S S S S S S S S S S S S S S S S	23o. E	URIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CE	REMATORY	23d. LOCATION	¢O	YINU	STATE
BP		Burial	8/9/85	Oak La	wn Cemet			Baltin		Md.
DHMH - 16 50M 4/82		JNERAL DIRECTOR		ADDRESS		250. DATE	REC'D. BY REGISTRAR	AL L	Alson V	andelle

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Salcimore City

Baltimore, Md.

Baltimore x Sidu Elitott St. Maleo. Md.

162-22-2091 Mrs. Jeish Scharley - Britispre, M. 21224

1611 am - 3. MaCartney Jorothem

Surface (A/VS) taken Campany

maltir Dierowski - 1105 Jundals Avenue 21224

DIVISION OF VITAL

# STATE OF MARYLAND

1-	FOR STATE REGISTRAR					EALTH AND MENTAL WG ICATE OF DEATH	REG.		1 0	0	es a T	
	CEASED NAME OR PRINT)	FIRST LA	DDIS ^	ANDDLE M .	L	McCOY	20. DATE OF DEATH	MONTH 8	DAY YEA		Zb. HOUR	
3. SE	X	4. R	ACE		S. DATE C		6 AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER 1 Y		IF UNDER 24 HRS	
	M		B	H. R.	MONTH	DAY YEAR	58	YRS		AYS	HOURS MIN.	
	RTH CARO		USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	BALT CITY					
B	ALT CITY		SIN N	AI HOS	ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATION  1117 TRAFFER WAY SORKING LIFE) INDUSTRY BUS					
	AL RESIDENCE IN NURSI	136 COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI		136 INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CO	DE SE DR	100	21207	
14. FA	FATHER'S NAME FIRST C. MIDDLE G. LASMCCO					15. MOTHER'S MAIDEN NAME FIRST COR	NTH [ A MIDDLE		2120	LAST MOORE		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECUR YEERS OR UNKNOWN) I WES THE WAR OF GAIES) Z 43-410-					Mrs. Georg	s. Georgle McCoy 2654					
	18 CAUSE OF DEATH PART I. DEATH W		Y:	CARAIAC	ARI	REST				ROXIM TEN OF	NATE INTERVAL NSET AND DEATH	
	Conditions, if ony, gove rise to imn couse (01, statin underlying couse	nediote	(b) DUE TO, OF	AS A CONSEQUE	ALLY NCE OF	TIC D7-167	MINOMA		DI	7-1	5	
NO	PART 2 OTHER SIGN	HEICANT CON	IDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PAR	Tito		
CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIN FIFYING CAU YES			
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM IS	B PART I OR PAR	2)		
MEDICAL	21d. IN JURY OCCURE WHILE NOT WH AT WORK AT WOR	ile [7]	21e PLACE ( (AT HOME, STR	EET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR	IOWN	COUNT	f	STATE	
	22a.1 certify that (1) sow the decease above, (1) (we) (a	d olive on	11/80	19_	08/9	nd that in (my) (our) opinion	to 0 %	dote and h	our and from		hot (I) (we) lost ouses stated	
	276. SIGNATURE	18				DEGREE ATTENDING PHYSICIAN [	MEDICAL ST	AFF ICIAN M	22c. D	1	IGNED	
	224. PHYSICIAN'S NA	ME ITTE PR	INTI			22e ADDRESS		-			1 30	

ALEX HARMATO MD

SINAT HOSP.

BALT NO

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 8/15/85 234 NAME OF CEMETERY OR CREMATORY Garrison Forest

Ow Tings Mills, cound.

Leroy 0. Dyett 4600 Liberty Heigh's Ave AUG 12 1985

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metal the same services services wills, "d. Landy . Cycle block who is a ware and the plant of the ware of the company of the DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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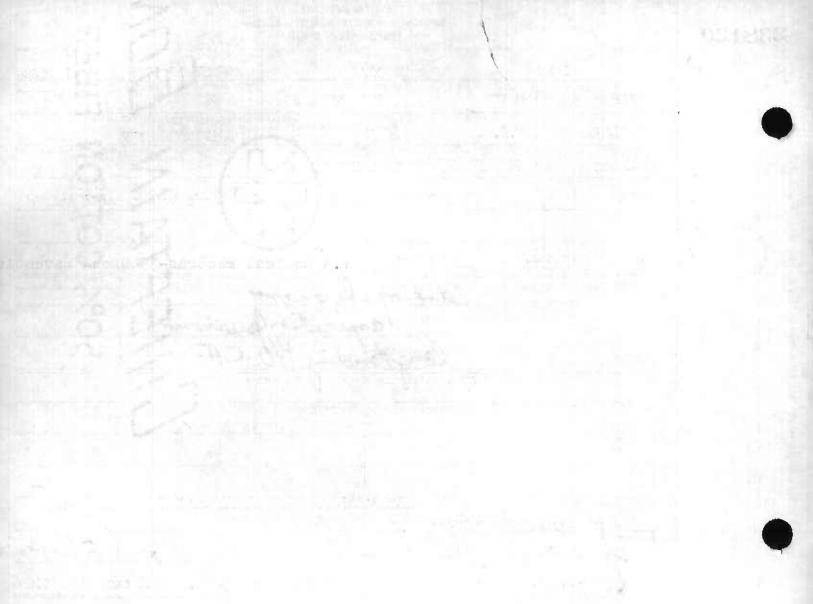
	1 -	STATE REGISTRAR		/		CERTIF	ICATE OF D	EATH		REG. NO.		
1		CEASED NAME	FIRST	9 "	AIDULE	ı	AST		20. DATE OF DE	нтиом НТА	DAY YEAR	26 HOUR
1	11.11	ON PRINTING	LYNN			MC CO	У		AUGUS	T 15,198	35	12:26pm
	3. SEX	MALE		WHITE		5 DATE C		03	6 AGE IN YEAR	LAST BIRTHDAY)	IF UNDER I YEAR	
5		MARY LAND	FOREIGN	U.S.A.	WHAT COUNTRY	? 8 MARRIEI WIDOWE	D NEVER A	AARRIED X		IMORE CI	TY OF DEATH	MD.
2	Bo	ty or town of DE		VAOMET	TCAL CE				170. USUAL OC (TYPE OF WORK FO	CUPATION R MOST OF WORKING	LIFE) INDUSTRY	
2	13a S	AL RESIDENCE (IF NUR TATE ARYLAND	13b COUN		BALTIMO		13d INSIDE C	NO []		de Avenu	DE 212 Le Balti	08 more Md
C	14 FA	THER'S NAME FIRST	٨	MIDDLE	LAST		15 MOTHER'S	FIRST		NIDDLE	LA	AST
2		VAS DECEASED EVER		WAR OR DATES)	218 18	2119	V.A		al rec	address ords-39	00Lock	RavenB
	NC	Conditions, if ony gove rise to im cause (a), stati underlying causi PART 2 OTHER SIG	mediate ng the e last.	DUE TO, OF	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	UENCE DE	ndin NOT RELATE	O THE TERA	S CH'	F CONDITION G	IVEN IN PART 1	10
7	CERTIFICATION	19a DATE OF OPERA	TION	19b CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPS	IN CERT	YES, WERE FIND TIFYING CAUSE YES	
9	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DEAT	21b. TIME O HOUR A.I P.I	M. MONTH ( M.	DAY YEAR	21c HOW IN		RRED (ENTER NATUR	E OF INJURY IN ITEM TO	3 PART 1 OR PART ?)	
	ME	WHILE NOT W	HILE T		EET, FACTORY, OFFICE		STREET			ITY OR TOWN	COUNTY	STATE
		270. I certify that (1 saw the decea abave, (12(we)) 27b. SIGNATURE	sed alive on did) (d <b>XIXX</b>	view the body	At 15 19	85 . ar	DEGREE	ATTENDING PHYSICIAN [	, to Aug death accurred a MEDICAL DIRECTOR	n the date and ho		ThatXIX (we) lost e causes stated ESINED
		220. PHYSICIAN'S N	> fal	e(co			3900		aven Blu	d. Balti	more, M	0 21218
	23o 8	BURIAL, CREMATION SPECIFY) Buria	, REMOVAL	236 DATE 8/22/			ville	V.A.	Cem. Cr		lle. Ma	arylähd

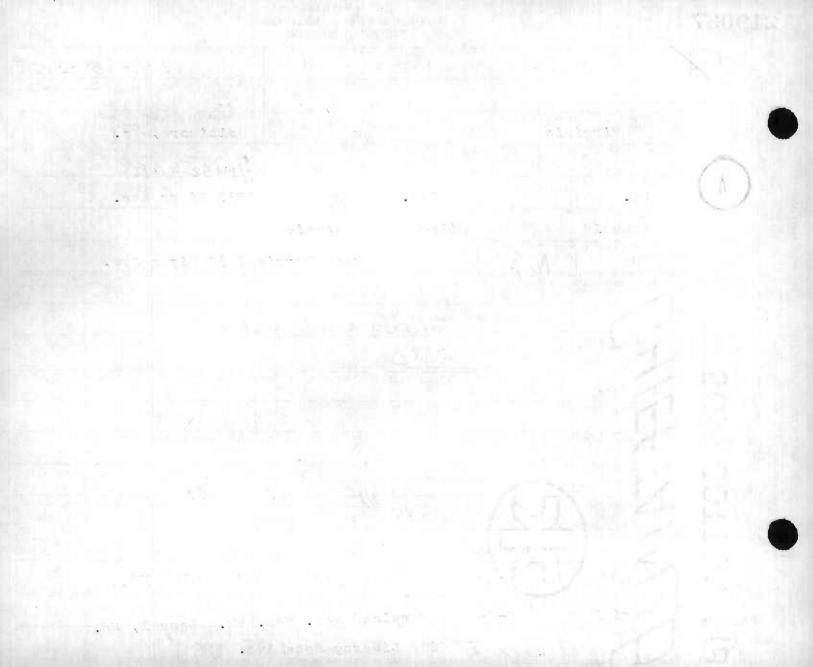
DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then pleas with the State Dept-of Health and Mental Hygiene priar to burial, IMPORTANT: If hem 21 is marked ar Item 18 shows any

14 FUNERAL DIRECTOR
ITVIN Carroll-1712-14 W. North Ave.

AUG 22 1985 PREGISTRAR 250 REGISTRAR'S SIGNATURE





DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR runersi

230. BURIAL, CREMATION, REMOVAL 236. DATE

Burial

Freeland Cemetery 1401 BELAIR RU 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Freeland, Penna.

2b. HOUR

21206

21206

des

NO F

STATE

IF UNDER 24 HRS

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. Saletinume Offi			
Constitution of the Consti			di .ocim
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		· Mary et aleman	The L
AGENTAL TOUR BEAUTY TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR			

Total Toronto Townson, Teat Later at. I solimen audita tavenski medden (6-5-6). Lebenski karovan

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DHMH - 16 50M 4/83 (VRA 15, 4)

should be deto

DIVISION OF VITAL RECORDS,

74 FUNERAL DIRESCHIMUNEK FUNERAL ADHOME, INC. 9705 Belair Rd., Balto. Md. 21236

8/6/85

above, (I) (we) (did) (did not) view the body ofter death

22b. SIGNATUR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

Burial

Parkwood

DEGREE

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

ATTENDING

Baltimore

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Md.

COUNTY

STATE

2b. HOUR

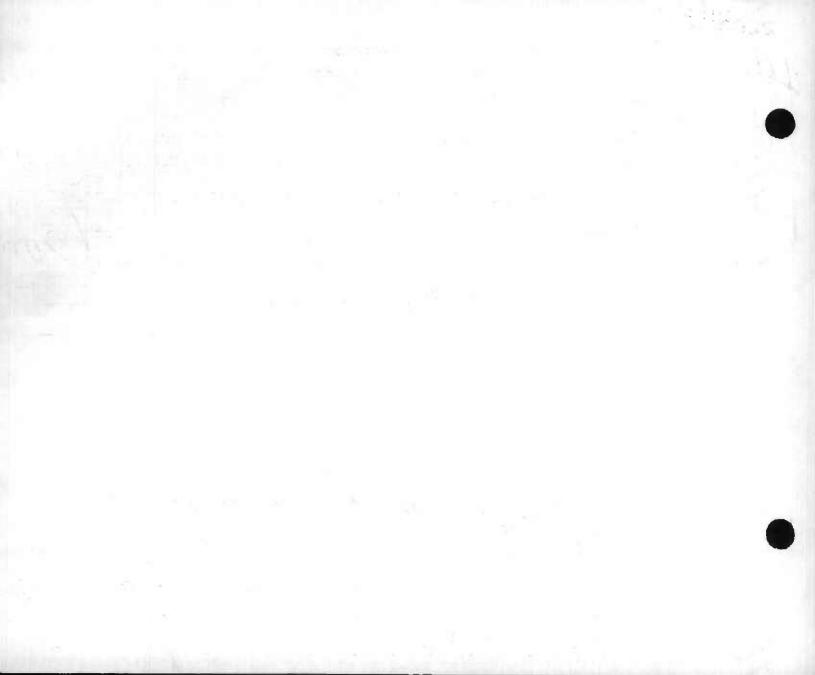
12b. KIND OF BUSINESS OR

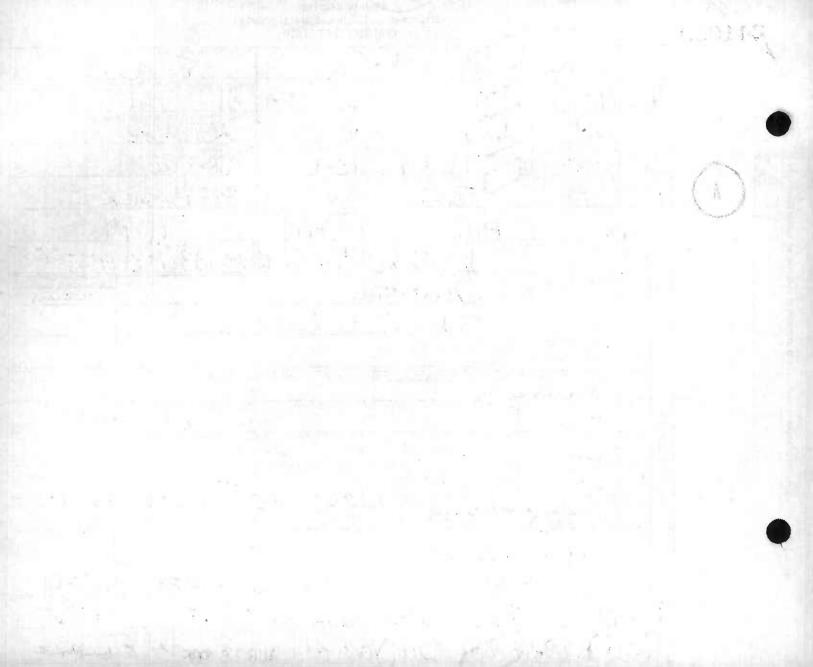
Rothauge

INDUSTRY

IF UNDER 24 HR

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE





234004	1-	FOR STATE REGISTRAR		DEI	PARTMENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	TALAYGIEN	REG. NO	2 4	4 4	
		CEASED NAME FIRST		MIDDLE	ı	AST	20	DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
by be deoth deoth		MARY		F.	MCC				8 16	85	7. AM
bor. po	3. SE	(	4. RACE		5. DATE C		VEAR 6	AGE (IN YEARS LAST BIR	HDAY) IF UP	DER I YEAR	IF UNDER 24 HRS
ge 4	1	FEMALE	6 6 6 6	WHITE	11		01	83	YRS	4	
od .c		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8	NEVER MARE	_ 9	BALTIMORE CITY OF	R COUNTY OF	DEATH	
de ott		Maryland	U.S.	. A.	WIDOWE	DIVOR	CED 🗆	Baltimor	ce City		MD.
he fu	10 CI	TY OR TOWN OF DEATH			URSING HOME C	R OTHER INSTITUT		a USUAL OCCUPATION OF OF WORK FOR MOST O		2b. KIND C	OF BUSINESS OR
by the	1	altimore	Caton	Manor	Nursing	Home		Homemaker			
tely filled in 2 should be	13a S Ma	ryland THER'S NAME	Howard	136. CITY OF	RTOWN	13d INSIDE CITY L YES NO 15. MOTHER'S MA	<b>X</b> 6	street address / 385 Woodbu			227
ba bro	,	John	MIDDLE	ľ	Middlecof	f El	izabet	h		LAS	Helwig
5 07 00 1	160 V	VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIA	L SECURITY NO.	17 INFORMANT		ADDRE	SS		nerwig
	()	es, no or unknown)   [IF YES	GIVE WAR OR DATES	212-5	56-6798	Mary Ba	rrick	6385 Woodb	ourn Ave	. 21	1227
ires that the death carry ganed by the attending in please remove cartains burial, cremation, extensivy, ry, or other traumatic eve		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMEDIATE Conditions, if only, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAL	DIATE CAUSE (0)	DR AS A CON	ISEQUENCE OF	lad ac	PLANT LUNC THE TERMINA	elusus poisease os con	DITION GIVEN I	Que N PARI J I	en/6/8
w requirements been significant to any injur	CATION	190 SATE OF OPERATION	19b CONE	OITION FOR V	WHICH OPERATION	WAS PERFORME	Olz	200 AUTOPSY?	20b. IF YES, WI	RE FINDIN	VGS USED
hos hos								YES NOT	HA CERTIFYING		OF DEATH?
g physicing physicing certificate rial-transitions and Hygin term 18 sp	CAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A		H DAY YEAR	21¢ HOW INJURY	Y OCCURRED	ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	ORPART 2)	
offending offer this of the bull word Merked or it	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME SI	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	2 F	CITY OR TO	WN	COUNTY	STATE
ATTENDIN spitol or CTOR: At Mor use of Healt n 21 is mo		220 1 certify that (1) (this his saw the deceased alive abave, (1) (we) (did) (did	on arryer	1 134	19_35 . or		9 8 ) ) opinian dea	, to th accurred an the do	, 19_ ate and hour and		that (1) (we) last causes stated
by the hore the hore the hore the hore detached State Dept. State Dept.		illypuol	to lun	in la		PHYS	NDING A	MEDICAL STAF	F IAN []	22c. DATE	SIGNED
TO HOSP retoined b TO FUNE should be with the S		MIEIHUDR	O ME	114	MD	HOS 7		ick Md	Colors	mile	(212)8
	23a. 8	URIAL, CREMATION, REMOV		<b>10</b> 5		EMETERY OR CREM		23d LOCATION CITY OR TOWN	co	UNIY	STATE
BP	24 51	Burial	8/19/	85	Meadowr	idge Mem.		Elkridge			
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME BBARD FUNERAT	HOME I		oress 0.7 Wilker	21229	AUG	1 9 1985	ZDB. REGISTRAR	SSIGNAT	URE



## - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE CERTIFICATE OF DEATH

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line	La		and a	الحدد

REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH Leatha AUGUST Pearl 6. AGE LIN YEARS LAST BIRTHDAY) MONTH NOV 1912 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED INDUSTRY OWN HOME ARMED FORCES HANDLERS NO NONE KING WY 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARREST IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF ARCINOMA LUNG BBRain? Conditions, if ony, which MelaSTATI gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Syndreme - Severe Myperiher 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO T 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased from 08/02 sow the deceased alive on\_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body alter death 22b. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF 22e ADDRESS STREET, Balto Hd 2122

BP.

DHMH - 16 60M 7/84

ould be de IMPORTANT

00

(VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE | SPECIFY| AUG. ,6,1985 Meadowrdige Mem Park BURIAL

231. NAME OF CEMETERY OR CREMATORY

Elkridge

Howard

24 FUNERAL DIRECTOR Singleton Funeral Home, Glen aBurnie, MD.

S. MANOVER

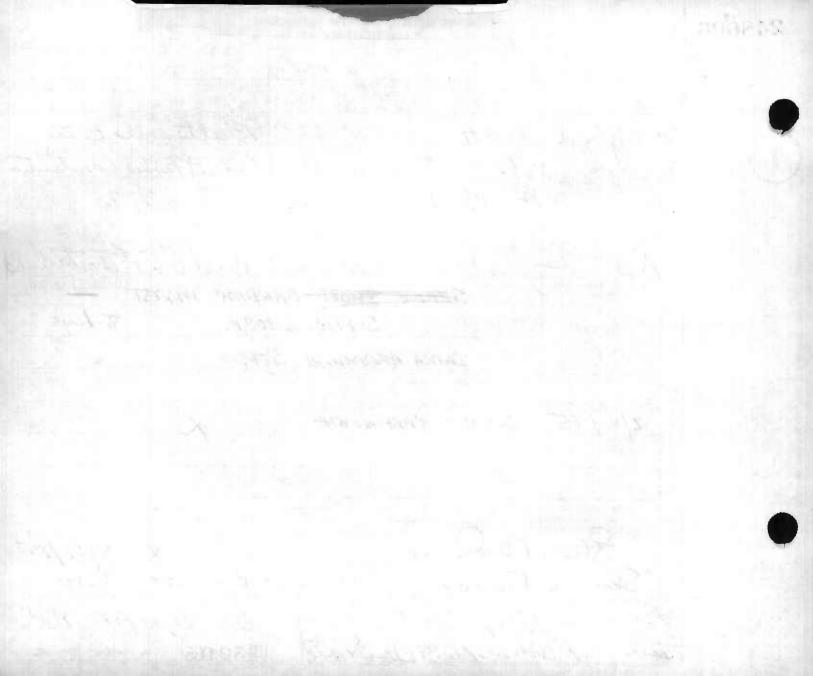
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

02.85 PM Balamens, City PALTIME SOMET STATES STATES TO THE STATES OF WAS FILLDER SHET - SET - WELLIED HAT LIKE MAKTON LANGE STORES CHARLES NAMERA STORES NA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME FIRST 2b HOUR (TYPE OR PRINT) ESTI-1985 IVER DEATH MATED MARION MCCULI OUGH 6 AGE (IN YEARS 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 2:10 Am 1,85 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 126 KIND OF BUS Baltimore St. Agnes Hospital N P SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13d INSIDE CITY LIMITS? DALTIMORE 14. FATHER'S NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS CAUSE OF DEATH (Enter only one cause per line for (o), (b), and BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAN Natural causes X death resulted fram: Accident Hamicide \_\_\_ Suicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8-17-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRESS 30 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION COUNTY STATE 07/84 BP 25M 24. FUNERAL DIRECTOR 25b, REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

Berger

(VRA 15, 4)



21,000,00 Representation of the Property COLUMN THE PROPERTY OF HANK THE TREE PROJECT OF THE WALL STEEL WAS A SEALER Burger Sisters Lineagen registere of States at Michael in production of the second of

246096	1.	FOR STATE REGISTRAR			DEPART	MENT OF I	E OF MARYLAND TEALTH AND MENTAL HAY TICATE OF DEATH		2 4	4 9	
ge 4 may be ector, page 3		CEASED NAME OR PRINT	WILLIAM		FRANCIS I		GARRY	REG. N 20 DATE OF DEATH  6. AGE (IN YEARS LAST BIR	MONTH D	14 85 IF UNDER I YEAR	P. HOUR  A M  IF UNDER 24 HRS  HOURS MIN.
ter death For within 72 hou		NEW Jersey		USA	WHAT COUNTRY?	WIDOWI IG HOME (	D NEVER MARRIED X	9. BALTIMORE CITY C Baltimor	e City	125 KIND OF	MD. BUSINESS OR
ithin 24 hours of should be field in by the should be field in the should be should b	13a	Baltimore AL RESIDENCE (IF NURS) STATE Maryland  ITHER'S NAME	ng home or o 13b. COUNT	THER INSTITUTION	HEACHTY, GIVE STREET Y HOSPIT  GIVE RESIDENCE BEFORE  131, CITY OR TOW BAITIMO	ADMISSION)	13d INSIDE CITY LIMITS? YES NO [			s St.21	
BALTIMORE, MARYLAND  The bed within 24  Wolf and 2 should  Vol.  It the medicole comperence.	16a. \	James A. M VAS DECEASED EVER VES NO OR UNKNOWN)	IN U.S. ARM		166, SOCIAL SECU 218-58-		Clarra A. 1 17 INFORMANT Bro. John Hol	ADDR			St. 212
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST.  NG PHYSICIAN: The low requires that the death certificate physician.  Ifter this certificate has been signed by the otherding os the burial-transit permit. Then please remove carbon, th and Mental Hygiene prior to burial, cremation, or remorked or them 18 shows any injury, or ather traumatic even	ATION	Canditions, if any, gave rise to imm cause (a), stating underlying cause	ediate g the last IIFICANT CC	DUE TO, OI  (b)  DUE TO, OI  (c)  DINDITIONS CO		NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES	, WERE FINDING	SS USED
ISION OF VITAL RE PHYSICIAN: The lot tending physician. This certificate hos the burial-transit per and Mental Hygiene ed or frem 18 shows	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDO OR CONTRIBUTING C  (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR  WHILE NOT WHILE	AUSE OF DEATH ALEXAMINER) ED	P.I	M. MONTH DA M.	Y YEAR 19	21c HOW INJURY OCCURI 21f LOCATION STREET	YES NO	YES	(ING CAUSES O	F DEATH? NO STATE
O HOSPITAL OK ATTENDING etromed by the hospital or of 170 FUNEAL DIRECTOR, After should be detached for use as 1 with the State Dept of Health of MPORTANT: If them 21 is mark.		27a. I certify that (I) saw the decease above, (I) (we) (d 27b. SIGNATURE 27d. PHYSICIAN'S NA	(this hospito d olive on_ id) (did not)	view the bady	19		DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS	MEDICAL STAL DIRECTOR PHYSIC	ote and haur		or (I) (we) last over stated over stated over 124/BS
BP	24 FU	SPECIF Burial  UNERAL DIRECTOR  TO SAME TO SAM			7,1985 W	oodst	EMETERY OR CREMATORY OCK College York Rd.   25m DAT Md.21212 AUI	23d, LOCATION CITY OF TOWN WOODSTOCE E REC'D. BY REGISTRAR	R, Bal	AR'S SIGNATUR	Maryla
(VRA 15, 4)	AI.	.conert-wife	derer	a nome,	Inc. ba	ILU.,	Ma. ZIZIZI AUI	4 (200)			- The same

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STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL BY GIENE

4, 5

	REGISTRAR												
	CEASED NAME	FIRST	A	AIDDLE	l	AST	20 DATE OF	DEATH A		DAY	YE AR	26 HOL	R
(ITPE	OR PRINT)	ALDA	Ruth		MCGET'	TIGAN	8 -2	2 - 8	5			4:00	מכ
SE)	x		4 RACE		5. DATE C		6 AGE (IN YE	ARS LAST BIRTH	HDAY)	IF UNDE	R T YEAR	IF UNDER	24 HRS
	Female		White		Nov	2, 1899 YEAR	85		YRS	MOINTHS	DATS	HOURS	MIN
BII	RTHPLACE SMALE COUNTRY MATY LA	R FORFIGN	L CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMOR	RE CITY OF	COUN	Y OF DE	ATH		
			U.S.A	1.79	WIDOWE	DIVORCED [	В	ALTIM	IORE	CITY	7		-
F	BALTIMORE		(IF NOT IN SUC	MEMORT 7	ET ADDRESS)	OR OTHER INSTITUTION PITAL	120 USUAL O (TYPE OF WORK House		WORKING		KIND O DUSTRY	F BUSINI	SS C
M	AL RESIDENCE LIFTLE STATE Caruland	13b COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFO 13c. CITY OR TOV Baltin		134 INSIDE CITY LIMITS?	13e STREET A 3905 V				212	06	
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	VAS DECEASED EVE			166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRES	SS				
()	YES NO OR UNKNOWN) (IF YES, G		WAR OR DATES)	150-10-5204 D		Dorothu Hou	ise Same			me .	e As 13e		
٦	18 CAUSE OF DEATH (Enter only one couse per			line for (a), (b), a	ind ic						APPROXI	MATE INTE	VAI
	PART I. DEATH		BY. E CAUSE (o)	Re.	spra	toru arre	ct				nm		,
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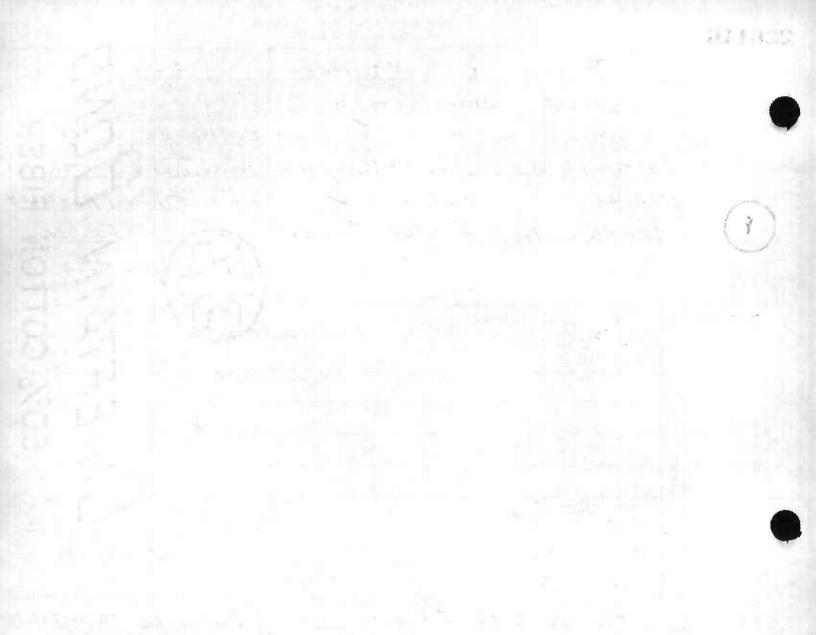
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should be detached for use as the burial-tronsit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremotion.

MPORTANT. If Hem 21 is marked or Hem 18 shows any

AND DATE OF THE PERSON

210000



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 233052 CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) ARTHA 8 85 4 RACE 5. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. MONTH YEAR HOURS 903 To. BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U. SA WIDOWED balt more DIVORCED IN 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY Treenwood SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore MO Turner Station YES [ 21222 Carver 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Brown harlotte 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 238-48-4430 atherine Hardn 119 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMEDI IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) len 0515 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO YES [ NO [ 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 200 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPEC'BURIAL 8/19/85 Eastview Mem. Pk. Baltimore, Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 Wm C March F/H Inc. 1101 E North Avenue (VR A 15 (4))

a second many many a second of

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bi TO FUNERAL DIRECTOR, After this

#### STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL BY GIENE

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3"		REGISTRAR				CERTIF	ICATE OF DE	ATH	REG.	NO.	1	1
1		CEASED NAME OR PRINT)	FIRST	E	MCKNIG		AST		20 DATE OF DEATH		DAY YEAR	26. HOUR 10:05am
H	3 SEX	(		4. RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST		IF UNDER I YEAR	- 141
	F	Female		Black		27	13/22	YEAR	63	YRS	MONTHS DATS	HOURS MIN.
1	7a BIF	N.C.	ATE OR FOREIGN	76 CITIZEN OF	what country?	MARRIE WIDOWE	D NEVER MA	RRIED -	9 BALTIMORE CITY BALTIMORE		Y OF DEATH	MD.
1		TY OR TOWN O		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A 1theran Ho	DDRESS)		UTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS Nurses	TOF WORKING LI	FE) INDUSTRY	of Business or pital
5	USUA 13a. S	AL RESIDENCE ( STATE  Md.	136 COUN		130 CITY OR TOWN Baltimor	1 ,	13d. INSIDE CITY	LIMITS?	130 STREET ADDRESS 3804 Colb	orne R	d. 212	229
	14 FA	THER'S NAME FIRST Bennet		MIDDLE R	uscoe		15 MOTHER'S M		MIDDLE		scoe	ST
		VAS DECEASED YES, NO OR UNKNOW	EVER IN U.S. AR	MED FORCES? E WAR OR DATES!	240-32-82		Sharon		3804 Colb	orne R		229
	NO	Conditions, if gave rise to couse (a), underlying	immediate stating the cause last	(b)	R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM				INAL DISEASE OR CC		VEN IN PART 1	(0)
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		226 SIGNATUS	elian	- 192	clen	Om	PH	ENDING YSICIAN		AFF ICIAN D	10x DATE	SIGNED
		WI	n, J.	HICK			22e ADDRESS	- agn	es Hogy	utel	- /	
	(	Burial	ion, removal	8/26/8	-		aw Ch. C	em.	Summer			.C. STATE
		Chas . A .		PA 130	O Eutaw P	lace		ALII	REC'D. BY REGISTRA	R 256 REGIST	RAR'S SIGNA	janae 12

DHMH - 16 60M 7/84 (VRA 15, 4)

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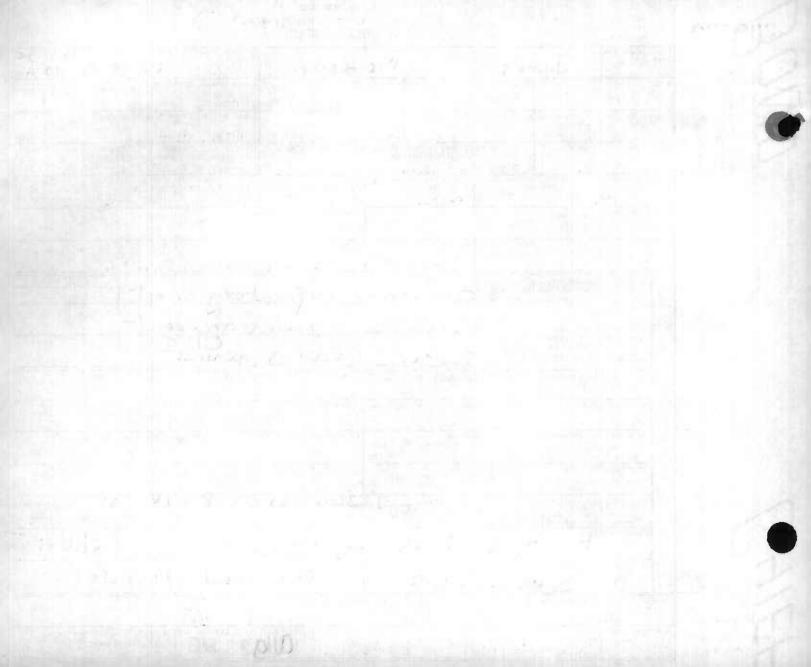
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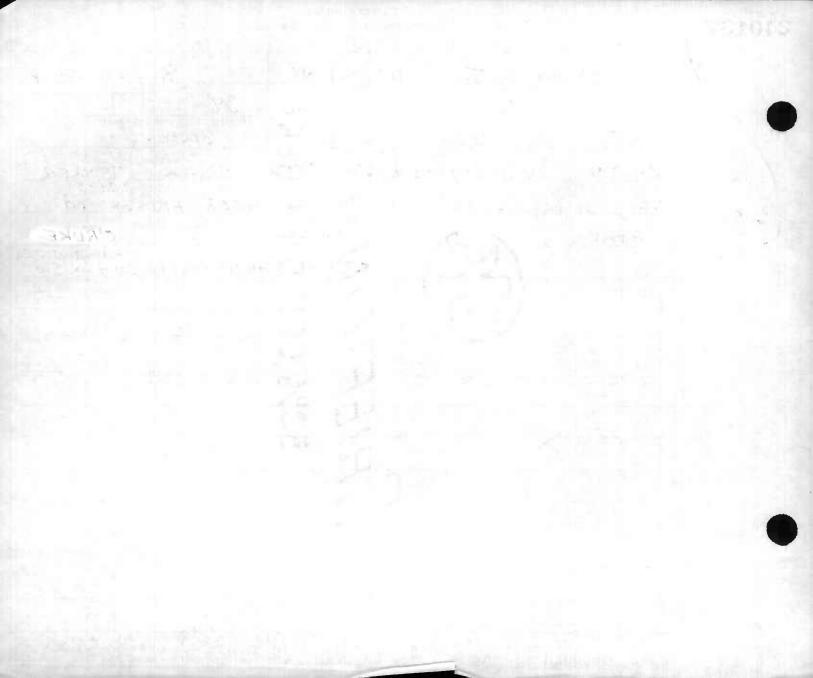
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		STATE OF MARYLAND									
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7200	LDE			MIDDLE		AST		REG. NO		AY YEAR	Tal HOUR
en .c		On source		WIDDLE	MA	0		20. DATE OF DEATH			26 HOUR
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. 2	3. SE	X	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	# UNDER 24 HRS HOURS MIN.
s ofter		Male	Black		MONTH	01	97	87	YRS.	ONINS DATS	HOURS MIN.
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2 699		COUNTRY	W. CHILLIA OI		MARRIE	D NEVER A					
8			111 11111111111111111111111111111111111		WIDOWE		ORCED	Balto. Ci			MD
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3/		Balto.	Provi	dent Hosp				Seaman		Mercha	ant
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r trou		gove rise to immediate couse (o), stoting the	}					OB			
othe othe		underlying cause last.	DUE TO, C	R AS A CONSEQUE	ENCE OF	CE	SPA	nemont	2		
0 0			(c)_	300	_			1000			
o bo	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DE ATH BUT	NOT RELATED	TO THE TERM	AIN AL DISEASE OR CON	DITION GIVE	N IN PART Ito	1
o ×	CERTIFICATION										
à 6 (1)	V	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		WERE FINDIN	
Hygiene 18 shows	E	March 1997						YES NO			NO 🗌
1 × 8 × 1	8	210. ACCIDENT WAS UNDERLYING				21c HOW IN.	JURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT I OR PART 2)	
The H		OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH D							
	0	(IF EITHER NOTIFY MEDICAL EXAMI		.M.	19	211 LOCATIO	VA.I				
Ö	MEDICAL	21d. INJURY OCCURRED	LAT HOME, ST	OF INJURY	ARM, ETC )	STREET	/14	CITY OR TO	WN	COUNTY	STATE
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- S		sow the deceased alive	on 8-19	19_	85.0	nd that in (my)	(our) opinion	death occurred on the de	ate and hour	and from the c	couses stated
ltem )		obove, (I) (we) (did) (did	not) view the body	y ofter deoth.		DEGREE				22c. DAJE S	SIGNED
Δ Ψ		TEN SIGNATURE A	2	30/10	2	A . C A	TTENDING	MEDICAL STAF	FF		18/85
			900	acro	7	P	PHYSICIAN &	DIRECTOR   PHYSIC	IAN 🗌	011	12/00
TAN		226. PHYSICIAN'S NAME (TY		1		22e. ADDRESS	8	1 1 10	10.00	0 20 0	
with the State	100	HIN	erral	22010			120	Vident	4021	putal	
3 3	23a	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c 1	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION			
		(SPECIFY)		2	THE OF C	LINE FERT OR C	INCINCIONI	CITY OR TOWN		COUNTY	STATE
-	200	Removal	8/20/	85			lor -	15 BE 619 BY 25 BY			- C
50M 4/83	24 F	UNERAL DIRECTOR		ADDRESS			Za DA	TE REC'D. BY REGISTRAR	ZSO REGISTO	ARS SIGNAL	andella
5, 4)		Anato	my Board		Ralto	БМ	CALM	U 2 3 1905	Tuna Du	witten - al	



240137	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTADHYG	iene 2 2 4	5 3
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
<i>√</i>	1. DE	CEASED NAME FIRST	WIDGLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3		BRIAN	T.	MCMAHON	8.	2285 854 PM
mo mo	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ector prs of		IYI	C	9 20 44	38 YRS.	
Par Par Par		RTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
of gr		NJ.	US	WIDOWED DIVORCED	BALTO.	( iTY MD.
1 11 20	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION TADORESS) 22 S. GREENS	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR
		BALTO,	UNIVERSITY HOS	R-MIEMSS 2.	DRIVER	TRUCKER
100		AL RESIDENCE (IF NURSING IDENT OR STATE	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e.STREET ADDRESS / ZIP COD	221934944
		VA: Prince		CITY YES NO B	15008 CARLS	
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W 11790		MATRICK	I. mem	HHEM SALLY		O'Rurke
or cecu	16a \	VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC			WAShington DC.
icote be executari palli popers. Poges and control colling vol.  11. Me medical penetrarity, the medical penetrarity of the medic		NO	149-36-	1828 SALLY MC M	AHOW 5443 RAN	DOPH CIR SW
BAL orte opper vol. t, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), a:	/1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The physical of the second of			E CAUSE (o)	live NNRST		Menutes
on Sil			DUE TO, OR AS A CONSEOL	DENCE OF 0 7		no al
		Conditions, if ony, which	( (b) Step)	ato-lange TAIL	124 11-DS	Morths
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that that d by eose ol, c		underlying couse lost.	(c)	5 Spinal Cord lu	yun	1 an lug
IVISION OF VITAL RECORDS, 201 W. PRESI 4G PHYSICIAN. The law requires that the decontending physicion. Ther this certificate has been signed by the offers the buriol-transit permit. Then please remove hand Mental Hygrene prior to burial, crematon riked or them 18 shows any injury, or other traus	2	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 110
requester si	110		The comparison for the comparison of the compari	A DESCRIPTION AND SERVICE OF THE SER	DAL ANTORONO DAL IE VE	C. MERE EN LONGE
law r os bee ermit. e prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
VITAL R NN The I hysicion. rcote hos ronsit pe Hygiene 18 shows	E	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121. HOW INTERVOCATION		ES NO
Phys phys of Hyon 18		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)
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S PHYSICIAN, T attending physicians this certificate the buriel-transfood Americal transfeed or them 18 sh	MED	21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	FARM ETC ) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
After of the lith o		AT WORK AT WORK		/ 30 85	Avery 7	
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Arrivos de forma de f		obove, (1) (we) (did) (did no	1) view the body ofter death.	DEGREE	deam occurred on the dore one hot	22c. DATE SIGNED.
OR ATT DIRECT DOCKED IF THEM 2		Man /	IM Guara	AAD ATTENDING	MEDICAL STAFF	M. DATE SIGNED,
PITAL by th IERAL ce dete dete ANT: I		22d. PHYSICIAN'S NAME (TYPE O	B BBINTI	PHYSICIAN [	DIRECTOR   PHYSICIAN	11110
HOS med FUN uld b		195119 M	GARSON		. Baltimore	ST RAH MI
Show the	23a	BURIAL, CREMATION, REMOVAL	J 11	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	1 112020 1.10
9998999		Burial	Aug. 24, 1985	Sacred Heart	CITY OR TOWN	COUNTY STATE
	24 F		ngham-Mount ca	etlo F H 250 DAT	Hoadly, V	irginia TRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)			Rd. Woodbrid		26 1935 3 January	undon-porcelle
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

#### FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

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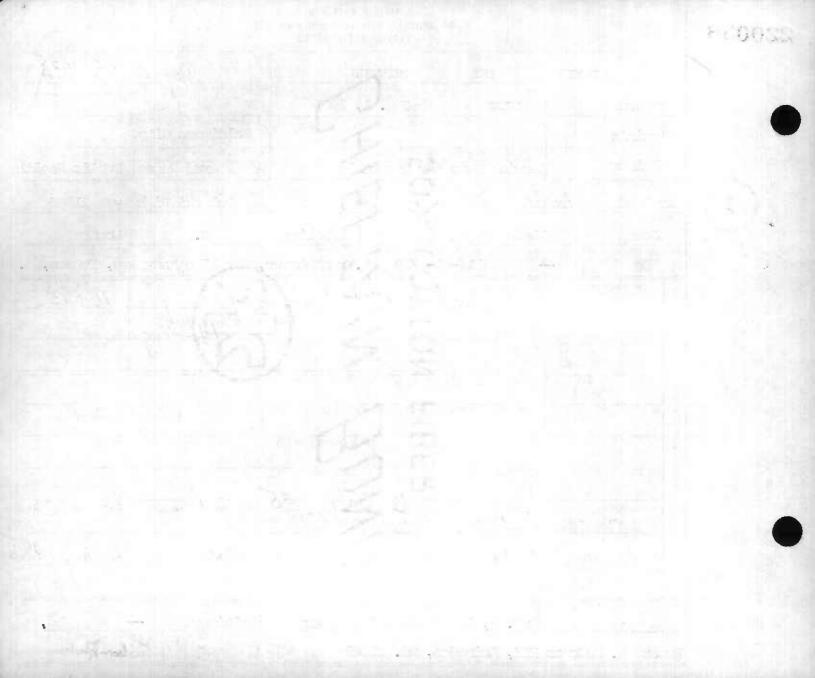
					REG. IN	0.	
1. DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
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3 SEX	4 RACE		5. DATE OF B	BIRTH	6 AGE IN YEARS LAST BIR	THD (Y) IF UND	ER I YEAR IF UNDER 24 HRS
FEMALE	WHIT	E	Tan 1	1901 YEAR	84	MONTHS	DAYS HOURS MIN.
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Virginia	USA	1	WIDOWED	DIVORCED [	Baltimor	e City	MD
10 CITY OR TOWN OF DE	ATH 11. NAME O	F HOSPITAL, NURSIN	IG HOME OR	OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSINESS OR
Baltimore	Keswick	Home for	Incura	bles	Registered	Nurse	Public Healt
JOUAL RESIDENCE (IF NUE	manufacture and the same of th	IN GIVE RESIDENCE BEFORE					
Manage and	NE COUNTY	13c CITY OR TOW		d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	21005
Maryland	Marford	Joppa		ES NOX	609 Pulask	1 Highway	y 21085
A FATHER'S NAME	WIDDLE	LAST	15	. MOTHER'S MAIDEN NAM	ME		LAST
John	Wallace	Compto	n	Louisa	C.	1	Looney
	R IN U.S. ARMED FORCES	166 SOCIAL SECU	RITY NO. 17	INFORMANT	ADDRE	ss 2°	1204
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	114-03-0	359 P	A.Irma Stove	r. 509 Alle	ghany Ave	. Towson Mc
<del></del>	1	1	7	1	1		· · · · · · · · · · · · · · · · · · ·
PART I. DEATH	TH (Enter anly one cause p WAS CAUSED BY:	er line to (a), (b), one	LALLAN	Lie Ros	1 2 -		APPROXIMATE IN ERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)_	705 F)	rausna	TIC ISIUM	Lange c	-1	10 WB.
	DUE TO	OR AS A CONSEQUE	NCE OF	trac	hostomer 1	ula	
Conditions, if on		OK NO N CON OL GOL			rasy ray of	dialo	
gove rise to im	mediote				1 300	41.44	
underlying caus		or as a conseque	NCE OF		Links	/	
	(c)_						
	INIFICANT CONDITIONS	CONTRIBUTING TO E	DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART Ica
190. DATE OF OPERA							
M 190. DATE OF OPERA	ATION 19b. CON	DITION FOR WHICH	OPERATION V	VAS PERFORMED	200 AUTOPSY?		E FINDINGS USED
Ē					YES T NOT	YES T	CAUSES OF DEATH?
210. ACCIDENT WAS UN	DERLYING 7 216. TIME	OF INJURY	2	Ic HOW INJURY OCCURE			
	CAUSE OF DEATH HOUR	A.M. MONTH DA	AY YEAR		12.112.11.11.11.11.11.11.11.11.11.11.11.		
(IF EITHER NOTIFY MED		P.M.	19				
OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d INJURY OCCUP	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE, F.		IF LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
AT WORK NOT W	MILE		11	-1 00	-1		1.
220.1 certify that (	(this haspital) attended	he deceased fram_	190	July 19 00	, to 5 M	G 19	that (I we) last
now the Wiceo	did (did not) view the boo	119 194	, and t	hat in (my ) (aur) opinion i	death occurred on the de	e and hour and f	nam the causes stated
221/SIGNATURE	did/(did.not) view the box	ly after death.	DEC	GREE			2c. DATE-SIGNED
17 /	NEI	1/1.	11 1	ATTENDING	MEDICAL STAL		- 100
Cultu	WI NULL	reason a	المنا	PHYSICIAN [	DIRECTOR PHYSIC		5 LUG / Y ?
724 PHYSICIAN'S N	THE SHAME		21	2e ADDRESS			
			110				
230. BURIAL, CREMATION	REMOVAL 23b. DATE	73c N	NAME OF CEM	ETERY OR CREMATORY	1736 LOCATION		
(SPECIFY)					CITY OR TOWN	COUN	
Burial	Aug.	9, 1985 Pa	rkwood	Cemetery	Baltimore		Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

AUG 6 1985

GISTRAR'S SIGNATURE



24	2074	1-	STATE REGISTRAR				AMINER			F DEATH	Z Z REG	4 5 .	/		
			CEASED NAME E OR PRINT)	EDWARD.		J.		MCMEN	JAMIN		OATE KNOWN OF ESTI- EATH MATED		8519	26. HOUF	
	DIRECTOR DIRECTOR OUR FILES TO HOUR	3 SE		ITE I	FEB. 17	1917 6.	AGE (IN YEARS LAST BIRTHDAY) 68 YRS.	ONTHS DAYS	HOURS		DATE NOUNCED DEAD	8-25-	85	1:35	
•	DELAY IS NECESSARY, PLEASE 310 THE FUNREAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DE FILED. WITHIN 72 HOURS ROSCAOL W. PRESTON STREET.	P. 10. C	IRTHPLACE (STATE OR IREIGN COUNTRY) ENNSYLVANIA ITY OR TOWN OF DEA Baltimore	A III	U.S.A.  NAME OF HOSE  1613 Ram		WII NG HOME, OR	ARRIED NO	DIVORCE	12a. USUAL C	Baltimo	re City	YPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY		
.21201	A SET AND SET	13e. S	AL RESIDENCE (IF IN NU TATE ARYLAND			_	DRE ADMISSION)	YES XX	NO 🗆	13e. STREET A	ADDRESS		ORKER CONSTUCTION STREET 21223		
ORE, MD.	DEATH. IF	C	ORNELIUS		IDDLE	MCMEN.	AMIN	THE	ERESA	N NAME	WIDDLE		FADIN		
, BALTIMORE,	OURS AFTER 18. GIVE PA 3. WITH FOR AIT. PAGES 1 E, DIVISION	- 0	VAS DECEASED EVER ES, NO, OR UNKNOWN) YES IB CAUSE OF DEAT	(#FYES, GIVE WAR	OR DATES)	183-0	SECURITY NO 5-2287	KATH		WRIGHT	ADDR 1613 R	AMSEY SI		21223	
ORDS, 201 W. PRESTON ST	D BE EXECUTED WITHIN 24 HOL FNDING" IN FENCI. IN ITEM II MEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERMI AS I'H AND MENTAL HYGIENE, ALI'H AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	N	Conditions, if a gove rise to couse (a) stating lying cause last.  PART 2 OTHER SIGNIFICAN	immediate the <u>under</u> -	(b) DUE TO, OR	AS A CONSEC AS A CONSEC UT NOT RELATED	QUENCE OF	ISEASE OR CONDITI	ON GIVEN IN PAR	XT 1 (a					
DIVISION OF VITAL RECORDS.	A FEBREACH	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONDIT	ION FOR WH	ICH OPERATIO	N WAS PERFO	RMED?		92		20 AUTOPSY	? NO <b>V</b>	
ION OF	S CERTIFICATE SHC RITING THE WORE RDED TO THE CH RE 3 SHOULD BE U E DEPARTMENT OF	MEDICAL CER	210. EXTERNAL CAUSE UNDERLYING CONTRIBUTING	OR CAUSE OF DEA	TH. P.M.	MONTH DA	Y YEAR		Y OCCURRED	D JENTER NATUR	E OF INJURY IN ITE	M 18 PART 1 OR PART 2	)		
DIVIS		MED	WHILE NOT AT WORK	WHILE O	21e PLACE C STREET, FACTO	OF INJURY (A DRY, FARM, ETC.)	T HOME, 21	STREET		СП	OR TOWN	COUNT	Υ	STATE	
•	TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATO FOR AFTER DEATH, WITH THE STALL BALTIMORE, MARYLAND, 212 H.M. H.M. AFTER DEATH, WITH THE STALL BALTIMORE, MARYLAND, 212 H.M. H.M. AFTER DEATH, WITH THE STALL BALTIMORE, MARYLAND, 212 H.M. H.M. AFTER DEATH, WITH THE STALL BALTIMORE, MARYLAND, 212 H.M. H.M. AFTER DEATH, WITH THE STALL BALTIMORE, MARYLAND, 212 H.M. H.M. AFTER DEATH, MARYLAND, 212 H.M. H.M. AFTER DEATH ATTER DEATH ATTE		220 I certify that death resulted from ACTUAL SIGNATURE	Natural co	ouses XI.	Accident [	Suicide	TITLE (	Inspection incide SPECIFY) istant	Undetermin	EXAMINER	DATE		85	
		23a B	(TYPE OR PRINT) URIAL, CREMATION, R SPECIFY) BURIAL	EMOVAL 23b.	erita A.  BATE 8/28/85	23c. NAM	E OF CEMETER		ORY	Penn S	ION	COUNTY	\$1	TATE	
07/84 25M	DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECTOR NAME  BBARD FIINE		ADDRESS		NSVILLE		CEM.	CROWNS		A.A EGISTRAR'S SIGI Marwinda	NATURE	LAND	

STATE OF MARYLAND

248065	1.	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAI ALTH AND M CATE OF DE	ENTALLIYG	due .	2 2 4.	5 8	
deogh 3	(TYP)	OR PRINT) Lut/	TER	Å . 2	Mel	MCW171	ian AN)	20. DATE OF D	8/2	9/85-1	HOUR O
ctor p	3. SE	Male	Blace	ck	5. DATE OF	13	25	6 AGE (IN YEAR	YRS.	IF UNDER I YEAR IF L	URS MIN.
other dearling of suffering the funeral dis	N	RTHPLACE ISTALE OR FOREIGN COUNTRY) Carolina TY PRIOWN OF DEATH LITTURE COUNTRY COUNTR	U.S.	what COUNTRY  • A • HOSPITAL, NURSI CHEACILITY, GIVE STREE Charle	MARRIED WIDOWED ING HOME OF TADDRESS)	OTHER INSTIT	ORCED	120 USUAL OC	CUPATION IR MOST OF WORKING LE	City 126 KIND OF BU	MD.
(T) 25	USU 13a S	AL RESIDENCE HE NURSING HE TATE  ATYLAND  ATHER'S NAME FIRST	HOME OR OTHER INSTITUTION COUNTY MIDDLE	GIVE RESIDENCE BEFO 130 CITY OR TOV Baltime	ere admission) WN ore	134 INSIDE CIT YES TO 15. MOTHER'S	Y LIMITS?	13e STREET ADI	DRESS / ZIP CODE hitridg	e Avenue	21218
Date of the state		Arthur VAS DECEASED EVER IN L VES NO OR UNKNOWN) (1F)		McMilli 166 SOCIAL SEC 237-20	URITY NO.	Ber 17 INFORMAN Ernes	T	McMill	ADDRESS	Kemp 5 Presbu	iry St
that the death certifical by the attending Physics remove carbon page of, cremation, or remover or other troumatic event.		PART I. DEATH WAS (  Conditions, if any, wh gave rise to immedicause to, stating underlying couse to	CAUSED BY: MEDIATE CAUSE (o)  DUE TO, O hich (b) hote the DUE TO, O	OR AS A CONSEQU	JENCE DE	Ca	cin	oni	â	APPŘOXIMATÉ BETWEEN ONSE	AND DEATH
he law requires on. has been signed permit. Then pl ene prior ta buri owe ony injury. o	CERTIFICATION	PART 2 OTHER SIGNIFIC H 190 DATE OF OVERATION	Is.Vi au	ON RIBUTING TO	viosela	ut. i	Huy	200 AUTOPS	206 IF YES	C.H.F. WERE FINDINGS YING CAUSES OF I	USED DEATH?
G PHYSICIAN: TI prending physical physical physical physical art his certificate the burial-transit and Mental Hygined art tem 18 should be predicted at the miles of the physical phys	MEDICAL CE	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICAL E. 21d. INJURY OCCURRED WHILE AT WORK AT WORK	E OF DEATH HOUR A	OF INJURY  .M. MONTH C  .M.  OF INJURY  REET, FACTORY OFFICE	19	211 LOCATION STREET			E OF INJURY IN ITEM 18 8	COUNTY	STATE
OR ATTENDING the hospital or of DIRECTOR Aftu oched for use as Dept. of Health f them 21 is mort		220.1 certify that (1) (this		ne deceased from	*	EGREE	79 St pur) opinion d	eoth occurred o	in the date and hou	19 , that r and from the cous	
HOSPITAL Toined by th Selveral Tould be detected The Store The Restore The Restore Store The Restore S	(	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)  S'B G	ALICI	AMD	22e ADDRESS	eysician [			18/2 Hosp	9/81

236 NAME OF CEMETERY OR CREMATORY Eastview Mem. Pk

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTOR Wm C'AMarch F/H Inc. 1101 DES North Avenue

9/4/85

Bailtimore,

Pk.

250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
ST. P. 2. 1985

Ma.

(VRA 15, 4)

1 1 7 1 4 3 1 1 4 X WARRED TO THE RESIDENCE AND AND ADDRESS OF THE The second of th TENERS OF AUGUST LANCE OF THE PROPERTY OF THE P

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAD HYGIENE

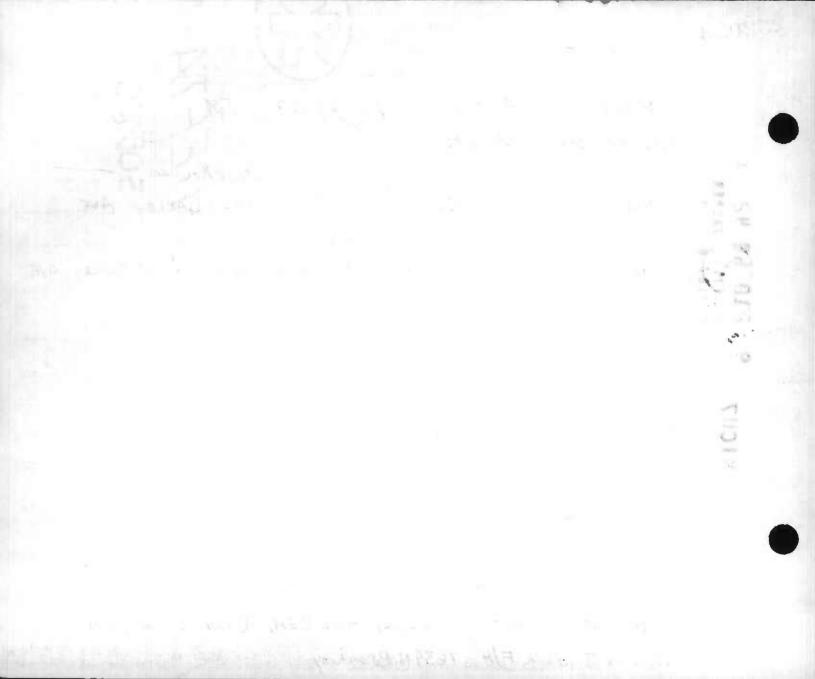
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2	2	2-5	0	10

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	).		
-		CEASED NAME FRST	MIDDLE	L	AS1	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	(TYPE	JASPER		MCNE	ILL	AUGUST 30,	1985		6;54A M
3	3. SE>	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		NDER TYEAR	IF UNDER 24 HRS
		MALE	BLACK	7	1 18/ 27	58	YRS.	THS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
6	Re	AFFORD, N.C.	U.S.A	WIDOWE	DIVORCED	BALTIMORE	CITY		MD.
3	BA	ALTIMORE	THE JOHNS	HOPKINS H	OSPITAL	120 USUAL OCCUPATION OF WORK FOR MOST O		126. KIND O INDUSTRY	OF BUSINESS OR
37	3a. S	AL RESIDENCE (IF NURSING HOME OF		OR TOWN	13d, INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE PLEY	AVE	1213
20	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	GATLIN	WE		LAS	Į.
		VAS DECEASED EVER (N. U.S. AR	MED FORCES? 166. SOCI	AL SECURITY NO.	17 INFORMANT	ADDRE	SS		
1		No	240	-44-986	KOBERTA	BARNES /	1423 0	)ARLE	4 AVE
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		1, (b1, and (c1.)				BETWEEN	MATE INTERVAL ONSET AND DEATH
			TE CAUSE (a) Car	diac ar	rest				
6		Labella Company	DUE TO, OR AS A CO	NSEQUENCE OF	. 1			~ 1	
			39	ays					
74.00		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF					
30	á.	underlying cause last.	( Ic)						
25	2	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	OITION GIVEN	IN PART 11	o,
套	110	DATE OF OPERATION	Tial CONDITION FOR	WALLETT COLORS	NI WAS BEREODINED	In autopsys	Tank IF VEC W	EDE EINIDIA	100 Hosp
9	FICA	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	106. IF YES, WI	G CAUSES	OF DEATH?
2	E.	None	T an This os himby		Tat. How himse occur	YES NO	YES [		NO []
9	AL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM IB PART I	OR PART 2)	
L.	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTOR	Y, OFFICE FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this hospi			25 1985	. to Angust	30 19	85	that (I) (we) last
		saw the deceased alive an	threes to go	h 19 8 50, or	nd that in (my) (aur) apinian	death occurred on the do	ite and haur an	d from the	causes stated
		226 SIGNATURE	/ 1/ / 1		DEGREE			22c DATE	SIGNED
		Donald L.	. ( held "	Q.	ATTENDING PHYSICIAN E	MEDICAL STAF	IAN (D)	8- 7	30-85
1		224 PHYSICIAN'S NAME (TYPE C	IR PRINTY		22e. ADDRESS Johns	Hopkins, Hosp			
		Donald K.	(habat	M.N.	Pot Now	MD 21205	 b		
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	cc	DUNTY	STATE
		BURIAL	SERT 3,85	CEDAR	HILL CEM.	GLEN C	SUIRN ,	Md.	
14	24. FL	JNERAL DIRECTOR	-1.	ADDRESS	A 400 c	TE REC'D. BY REGISTRAR	0. K .	1 11 /12	URE
	W	FILLIAM J. SPIC	BR F/H 10	039 N. RI	ROADING SEI	P 5 <b>1985</b>	wa ourd	201-1	

WILLIAM J. SPICER F/H 1639 N. BROADBRY

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS,



### STATE OF MARYLAND

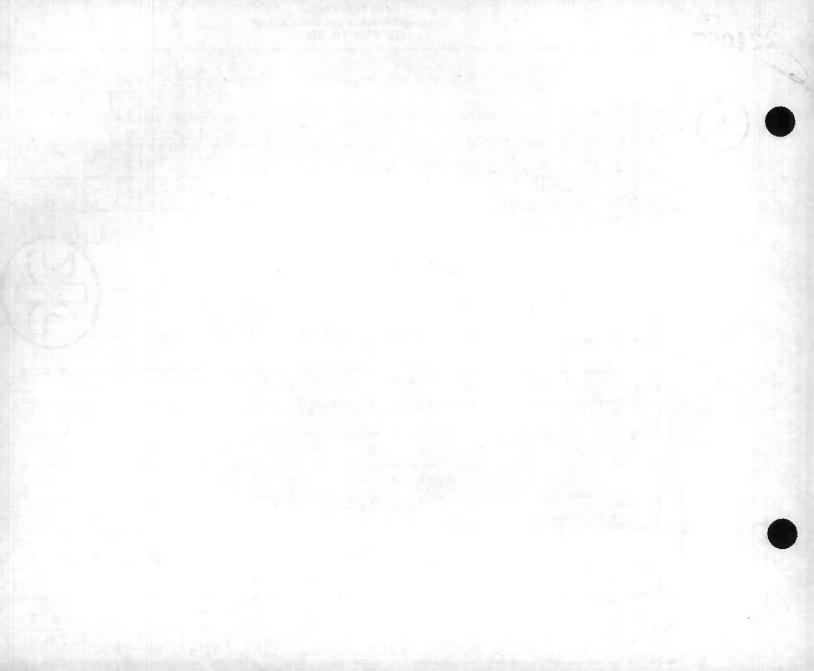
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	1-	FOR STATE REGISTRAR		DEPARTI		IEALTH AND MENTACHYG	SENE 2	2 4	6			
		CEASED NAME FIRST	-	MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
		JOHN		D.		MCNEILL	AUG.4.198			5:00A M		
1	3 SEX		4 RACE		5. DATE (		6 AGE (IN YEARS LAST 8	RTHDAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.		
		Male	Bla		1:	1 30 14	70	YRS.				
0	(	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	DEVER MARRIED	9 BALTIMORE CITY	_				
$\vee$	-	I.Carolina	U.S.		WIDOWE	DR OTHER INSTITUTION	baltimo			MD.		
3		BALTIMORE	JOHNS	CH FACILITY, GIVE STREET	ADDRESS)	TAL	120. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY			OF BUSINESS OR		
5	*13a. S	AL RESIDENCE IF NURSING HOME OF ATTE 136 COU		130. CITY OR TOW Balti	N	13d INSIDE CITY LIMITS? YES XX NO []	13e STREET ADDRESS 1718 Ru			ue 21213		
^	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		145	51		
J		John		McNeill		Ella			Coving	ton		
		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR			Call 171		
		NO		244-12	-416	Willie B.	McNeill	1718				
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)		BETWEEN ONSET AND DEATH								
		DIE 10 DE AS A CONSEQUENCE DE										
		Conditions, if any, which	(6)_	Mysca	دماور	Swell L	200		1000	Security 1		
		couse (a), stating the underlying couse last.	DUE TO, O	IF AS A CONSEQUE	INCE OF	U						
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	ADITION GI	VEN IN PART 1	0		
3	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?			
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	TINT OF INJURY HOUR A.M. MONTH DAY YEAR								
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	71e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE		
		27a.1 certify that (1) (this hasp	ital) attended th	ne deceased from _		1 4 1085	to 46	14	10 8 3	that (I) (we) last		
	111	sow the deceased alive or above (I) (well (did) (did no	the bade	19_	, or	nd that in (my) (our) apinion	death accurred on the d	late and ho				
Ø	5.7	226. SIGNATURE	10 al	// //-	1	DEGREE			22c DATE	SIGNED		
		1. Cum	C. 11	ufren		ATTENDING PHYSICIAN	MEDICAL STA	CIAN	9	14/85		
1		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	bento	18	220 ADDRESS Downs to	prinotto	SP.	EX			
		BURTAL BURTAL	236 DATE 8/10			EMETERY OR CREMATORY  Aven Cemeter		ij	_	N.C. STATE		
		UNERAL DIRECTOR  O C March F/H	I Inc.	1101 ADDRESS	Norti	h Avenue Al	E REC'D. BY REGISTRAN	256. REGIS	TRAR'S SIGNAT	Product		

DHMH - 16 60M 7/B4 (VRA 1S, 4)

TO HOSPITAL

BP:



Film G607 item STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLY GIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME 2b. HOUR [ TYPE OR PRINT] RICHARD **MCNICHOLAS** AUGUST 5, 1985 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS White August 117, 1911 Male 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. BALTIMORE CITY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Salesman Miscellaneous Metals BALTIMORE JOHNS HOPKINS Woodstock 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE Rd Maryland 21163 15. MOTHER'S MAIDEN NAME Richard J McNicholas Parks Carherine 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) Mrs Catherine McNicholas 214 03 2516 1900 Woodstock rd. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY 35 min IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE O underlying couse CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) TIL LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY WHILE NOT WHILE E 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF FUNERAL I PHYSICIAN [ DIRECTOR PHYSICIAN 29d PHYSICIAN'S NAME

23¢ NAME OF CEMETERY OR CREMATORY

Crestlawn

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4)

Burial

Harry H Witzke 4112 ColumbiaRd EllicottCity

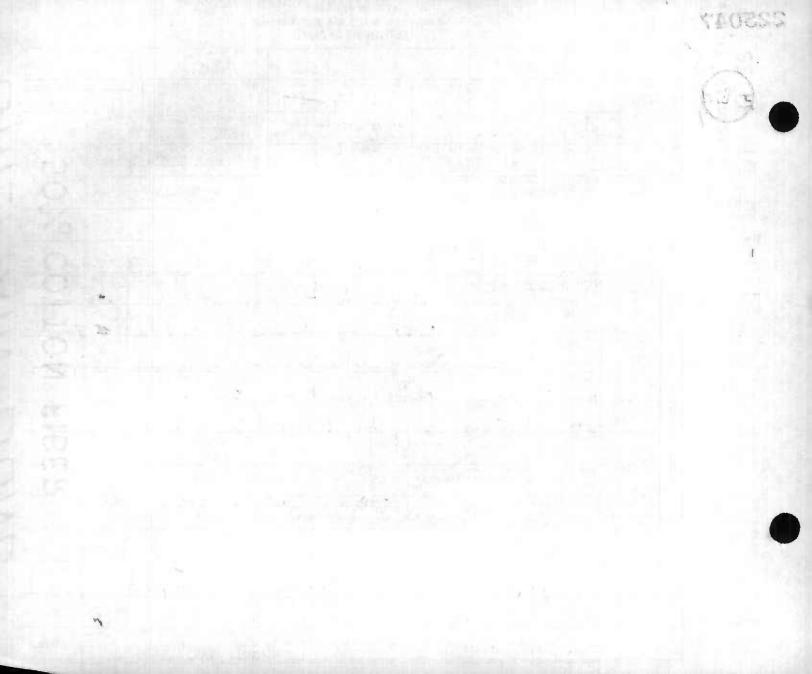
August 9,1985

23b.

CITY OR TOWN Howard Maryland 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION

mundon-Aandele



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

## STATE OF MARYLAND

9	63	-1	6	- 0
Con	Es		C	U

1	FOR - STATE REGISTRAR			DEPART		HEALTH AND MENTAL NYG FICATE OF DEATH	REG.	2 ·	00		
	ECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HO	UR
1		Fredric	k	н.	Mege	nhardt		8 6	85	8	TO M
3. SE	X	4.1	RACE			OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR		R 24 HRS
	Male		White		Fe	ebruary 3,1905	80	YRS	MONTHS DAYS	HOURS	MIN.
76. B	SIRTHPLACE (STATE	E OR FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	В		9 BALTIMORE CITY		Y OF DEATH		
1	Marvland	- 1	U.S	. A .	WIDOW	ED MEVER MARRIED DIVORCED	Baltim	ore Ci	tv		MD
	ITY OR TOWN OF	DEATH 11.	NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	126 USUAL OCCUPA	TION	12b. KIND C	OF BUSIN	
	Baltimore			nes Hospi			Locomotive			Railr	coad
WSU		NURSING HOME OR OTH		GIVE RESIDENCE BEFORE	ADMISSION)						·ouu
1100	Marvland	Balti	more	Catonsvi		YES NO X	6010 Mon			et 2	21228
_	ATHER'S NAME	30202		0000000		15 MOTHER'S MAIDEN NA		080	, , , ,		
1	First	derick	DLE	Megenha	rdt	Laura	MIDDLE		John	son	
	WAS DECEASED E			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS3332	Oak St	reet	-
	(YES, NO OR UNKNOWN	(IF YES, GIVE W	AR OR DATES	212-22-0	)474	Margaret B.	Megenhardt	Manch	ester.M	$1d \cdot 2$	21103
	Conditions, if gove rise to couse (o), st	immediate	(p)	r as a conseque	-						
NO	PART 2 OTHER S	SIGNIFICANT COM	NDITIONS CO	ONTRIBUTING TO I	DEATH BU	TNOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 10	0	
CERTIFICATION	19a DATE OF OPE	ERATION	196 COND	ITION FOR WHICH	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?  200 IF YES, WERE FIND IN CERTIFYING CAUSE YES  YES  NOT			
		CAUSE OF DEATH	21b. TIME O HOUR A P	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)		
MEDICAL	WHILE NO	T WHILE I	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR	TOWN	COUNTY		STATE
	sow the dec	t <del>(h</del> (this hospitol) eosed olive on e) (did) ( <del>did not</del> ) v	Acc	gust 6 19	81.º	d that in (my) (acc) opinion	deoth occurred on the	dote and had	ur and from the		toted
	22b. SIGNATURE	it I	m	ston	m.	D. ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🖵	224 DATE 8/	SIGNED	
	ZZE PHYSICIAN'S	S NAME (TYPE OR PR	INTI	- 11		22e ADDRESS					

BP.

IMPORTANT

TO FUNERAL DIRECTOR.

, the buriol-transit permit, ond Mental Hygiene prio

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 8/9/85

Park Dorsey Meadowridge Memorial <sup>24</sup> FUNERAL DIRECTOR Leroy M. & Russell C. Witzken Funeral Homes P.A 1630 Edmondson Avenue, Catonsville, Md. 21228

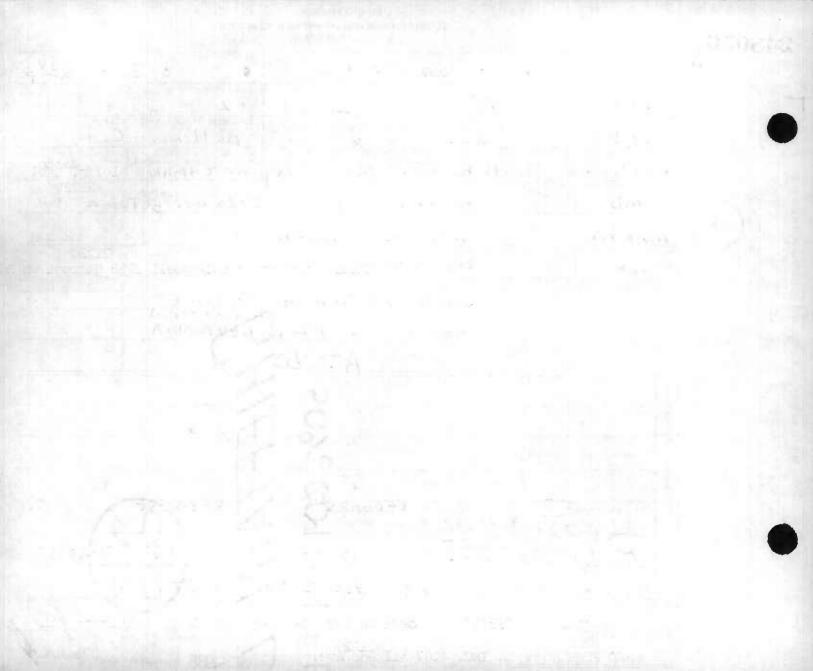
St. Agnes Hospital, Baltimore, Md.

Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE . 241108 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME . DATE KNOWN 2b. HOUR TYPE OR PRINT) ESTI-DEATH MATED JAMES MEGENHAR **D**T 3-24-85 FREDERICK SR. 4. RACE 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 5:10P 8-24-85 DEAD MALE WHITE MAY 7,1958 9 BALTIMORE CITY OR COUNTY OF DEATH IR BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED MARYLAND U.S.A Baltimore City CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SUPERIOR South Balto. General Hospital Baltimore TRUCK DRIVER SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 1136 COUNTY MD. BALTIMORE 3822 FAIRHAVEN ROAD 21227 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Megenhardt LAST HARRY MACIE D. BLAKELY 17 INFORMANT (MOTHER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 1114 LEONARD DR. IYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1975-1977 219.74.4951 MRS. MACIE D. MERGENHARDT GLEN BURNIE, MD 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 5:27 RM Q 24 UNDERLYING X OR subject shot during altercation CONTRIBUTING CAUSE OF DEATH 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY AT WORK AT WHILE McDonalds(parking lot)Ritchie Howy&11th Ave. Glen Burnie. Molev 22a I certify that I took charge of the remains described above, held an Inquiry Inspection Homicide X Notural causes Accident Undetermined monner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER ADDRES 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL MANDATE 23r. NAME OF CEMETERY OR CREMATORY STATE CREMATIO AUG 129/85 SECURITY PROCESS, INC. CATONSVILLE, BALTO., 07/84 MD. 24 FUNERAL DIRECT 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S ST **DHMH - 17** La DUHASON FUNERAL HOME, GLEN BURNIE, MD. (VR A15 ME (5))

					STAT	E OF MARYLAN	ND O				
248056	X-	FOR STATE REGISTRAR		DEPART		EALTH AND MI	-	ene 5 2	2	4 6	3
moy be	1. DE	OR PRINT)  JOSEI	PH	JOHN	l	MERKER		2a. DATE OF DEATH	-		HOUR PM
ctor pag	3 SE	male	4 RACE	1	5. DATE C		YEAR 03	8. AGE JIN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR IF	UNDER 24 HRS
sath. Pog 772 hours	(	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	8	D NEVER MA		Baltimore City o		C	MD
s ofter de by the fur iled within		ty or town of DEATH		HOSPITAL, NURSING CHEACHTY, GIVE STREET	ADDRESS)		TUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O WATCH M	ON F WORKING LII	12b. KIND OF B	alto
24 hour	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION	Baltin	/N	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS / 2728 Geo	ZIP CODE	212	
ficate be executed within 24 hystician and car piece. In papers. Page 1990 or of the metical care and the metical		THER'S NAME FIRST NARTIN	MIDDLE	LAST Mucha		TO MICHA	Mary _	MIDDLE			known
be execut		VAS DECEASED EVER IN U.S., AI VES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	212-36	210.00	17 INFORMAN Micheal		ADDRE garet Campb			getown Ro
ST., BALI rtificate physicic an papers emaval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe ED BY: TE CAUSE (0)			SPIRA	TORY	FAILURI	Į.	APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
W. PRESTON ST the death certi the attending is se remove carbon cremation, or ren ther traumatic ev		Conditions, if ony, which	DUE TO, C	SEVE	RE P	COP	D, F	NEUMON	II A		
		gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, C	DR AS A CONSEQU	ENCE OF	A3C					
requires and signed Then ple injury, a	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE OR CON	OITION GIV	EN IN PART 110	
the law in	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	HTION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY? YES NO	IN CERTIF	S, WERE FINDINGS FYING CAUSES OF ES	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires the ottending physician. Ifter this certificate has been signed to as the burial-transit permit. Then plea th and Mental Hygiene prior to burial, and Mental Hygiene prior to burial, and mental B shaws any injury, are		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A	DF INJURY M. MONTH D M.	AY YEAR	21¢ HOW INJU	URY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM TS F	PART T OR PART 2)	
VG PHYS attendir fter this for the bu h and Ma	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC )	216 LOCATION STREET	4	CITY OR TO	WN	COUNTY	STATE
TTENDI Spital or CTOR: A far use of Heal		sow the deceased alive or obove, (1) (we) (did) (did no				d that in (my)	, 19opinion de	to 8-30	ote and hou		uses stated
the Director of the Director of the Deriver of the		22tr SIGNA) UII	len		Dr.	Ph	TENDING HYSICIAN []	MEDICAL STAP		8-30	-85
TO HOSPITAL entoined by the strong should be det with the State Important.		RODRICK ST	orprint)	n in	D	300/ S	S. Hai	nover St	1		
BP		Burial, Cremation, Removal Burial	23b. DATE 9/3/			e Park	Cemeter			iltimore	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR  NAME  UBBARD FUNERAL	HOME, I	NC. 4107	Wilke	1229 ns Ave.	25a. DATE	REC'D. BY REGISTRAR		TRAR'S SIGNATURI	



226	8008	1-	FOR STATE				ENT OF HEA		AENTAL H		2 2	4 6	6	
			REGISTRAR CEASED NAME	FIRST	N	MIDDLE	(AMINER'	LAST	ICATE O		REG. NO		AY YEAR	25 HOUR
	M ~		E OR PRINT)	Donale	d	Catoo	ME	YER .	TTT		KNOWN X	1		ZB HOUK
	CESSARY, PIEASE UNERAL DIRECTOR. A TOR YOUR FILES. WHIN 72 HOURS V PRESTON STREET,	J SEX	4. R	ACE	5 DATE OF BIR		AGE (IN YEARS IF	UNDER 1 YR.	III IF UNDER :	24 HRS. 2c DA	TE	8/ 9/	19 85 AY YEAR	2 HOUR 2:12
	DIRE DOUR 72 t	Ma	le Wr	nite		1985	YRS. 3	ONTHS DAYS	HOURS	MIN. PRONO		8/ 9/	19 85	PM
-	ERAL DIR	To B	RTHPLACE (STATE	DR .	76. CITIZEN OF	WHAT COUNTR	Y? 8 M	RRIED N	EVER MARRIE	D X 9. BALT	IMORE CITY O	RCOUNTYO		
	ATT SOL		ryland	DEATH	U.S.A			OWED 🗆	DIVORCE		timore		KINID OF SU	MD.
			Baltimon  AL RESIDENCE (1F IN	re /	503 S	OSPITAL, NURS H FACILITY, GIVE STREE Fulto	n Ave.	THEK INSTIT	UIION	FOR MOST OF W			OR INDUSTR	IX
70212	書名画を表え	13a. S	TATE ryland	134 CONN		13c. CITY O		13d INSIDE YES 💢	(ITY LIMITS?	13e STREET ADD	RESS Ith Fult	on Ave	2122	23
WD.	± N.M.		ATHER'S NAME		MIDDLE	LAS	it	15. MOTH	HER'S MAIDE	NAME	MIDDLE		LAST	
ORE,	A SESTA		cnald		ates	Meye.		Ju 17. INFOR				Ful		
BALTIMORE	JRS AFTER 3. GIVE PACKWITH FOR DIVISION (	(1	VAS DECEASED EV ES, NO, OR UNKNOWN) n/a/		MED FORCES? WAR OR DATES)	n/a	L SECURITY NO.			G. Meye	address er 503 S	5. Fult	21223 con Ave	enue
2	JURS 18. G WIT. P.		18 CAUSE OF DI	EATH (Enter only	ly one couse per				711.00			0	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
PRESTON ST	HIN 24 HOU L IN ITEM 18 R ALONG VSIT PERMIT HYGIENE, EMOVAL				TE CAUSE (o)	Sudd OR AS A CONSE	en Infar	t Deat	h Synd	rome				
REST	WITHIN 24 HENCIL IN ITEA MINER ALON TRANSIT PER INTAL HYGIEN OR REMOVAL			if any, which	1	OK AS A CONSE	QUENCE OF							
3	UTED WITH IN PENCIL EXAMINER EXAMINER IAL - TRAN O MENTAL ON, OR REA		couse (a) stat	to immediate ting the under-		OR AS A CONSE	QUENCE OF							
. 201	S S S S S S S S S S S S S S S S S S S	14	lying cause fo		(c)									
RECORDS,	CERTIFICATE SHOULD BE EXECUTED TITING THE WORD, "PENDING", IN P ED TO THE CHIEF MEDICAL EXA 3.3 SHOULD BE USED AS A BURIAL. DEPARTMENT OF HEALTH AND ME I PRIOR TO BURIAL, CREMATION,	NO	PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL DI	EASE OR CONDITI	ON GIVEN IN PAR	T 1 (a);				Y/W
IL RE	SED A F HEA	CERTIFICATION	190 DATE OF OP	ERATION	19b. CON	DITION FOR WH	HICH OPERATION	WAS PERFO	RMED?			21	D. AUTOPSY?	
OF VITAL	ORD	E	210 EXTERNAL C.	ALICE VALAC	311 That	OF INJURY	Lau						YES X	NO 🗌
ON OF	STHE WASTANEN	CALCE	UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A	A.M. MONTH D	AY YEAR	HOW INJUR	Y OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18 P	'ART 1 OR PART 2)		
DIVISION	WR ARE	MEDICAL	21d. INJURY OCC WHILE AT WORK	URRED OT WHILE T WORK	STREET	E OF INJURY (FACTORY, FARM, ETC.)		STREET		CITY OR	town	COUNTY		STATE
	TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2		death resulted for		e of the remains	described obove,	held an Au		Inspection	Undetermined		d in my apiniai	n	
	A HACKA		SIGNATURE	- /	1	/		M.D. AS	sistan	t MEDICAL EX	MINER	DATE SIGNED_	8/10	/85
	MEDICAL STREET OF THE PER DE		EXAMINER'S NAV	<sup>ME</sup> Gre	gory R.	Kauffma	n, M.D.	ADDRESS.		lll Penr	st.		,	
	DAY OF A	1.5	URIAL, CREMATION				ME OF CEMETER			23d LOCATION CITY OR TOWN		COUNTY	STA	
07/84 25M	BP		Burial		August 1	-	ch Cemet	-		Martins EC'D. BY REGISTI		STRAR'S SIGNI	W.Vi	rginia
	DHMH - 17 (VR A15 ME (5))		bbard Fu		ADDR	E22			ALIG :	2 1985		of discovery	N'STOC	in the
	1	HU	waru ru	icrai u	OHE 410	MITINGUE	Avenue	41669	Mann '	P PR SPACE				-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

we way dron- Rando De

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH FIRST MONT 26 HOUR TYPE OR PRINTE 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Sept.20.1923 White 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia Baltimore WIDOWED DIVORCED X City IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hosp.Balto.Md. Housewife Baltimore136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore 1418 Light St. Balto. Md. 21230 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME John Hall Bowden Marv Elizabeth 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 78947 (YES NO OR UNKNOWN) 213-20-8507 Rex Mathews. P.O. Box 641 AB. Lex. Texas NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per lige for to), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Me 1 a 5 14 Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 10 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME STREET FACTORY OFFICE FARM ETC ) WHILE NO! WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (We) (did) (did not) view the body ofter death 27h SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN AN'S NAME ITYPE OR PR ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE Burial Cedar Baltimore, A.A.Co.Md. 8-12-85 Hill Cemt. 24 FUNERAL DIRECTOR 250. DATE-REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Balto.Md.

Funeral Home, 130 E. Fort Ave. 21280

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORT,

# 227049 sctor, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 2

		REGISTRAR				CEKITIF	ICAIE OF DE	AIH	REG. N	IO.			
1		EASED NAME	FIRST		AIDDLE	- 1	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
X	(TYPE	OR PRINT	reder	ick	B.	M	eynen		August	10,	1985	1140 AM	
	3. SE >	(		4. RACE		5. DATE C			6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
	ett.	Male		Wh	ite	MONTH	12 14	1915	69	YRS	-	HOURS MIN.	
1	a, BII	RTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8 MARRIE	DXX NEVER MA	RRIED -	9 BALTIMORE CITY				
1		w Jersey		U.S.A.		WIDOWE	Land .	ORCED [	Baltimore			MD.	
/		ty or town of DEA	ATH	(IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)	or other instit		126 USUAL OCCUPA (TYPE OF WORK FOR MOST Superviso	OF WORKING	LIFET INDUSTRY	of Business or al Motors	
	USUA	AL RESIDENCE (# NURS		OTHER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION	arour oc.					ar mocore	
5		ryland	Balt	imore	Middle	town e River	13d. INSIDE CITY	Y LIMITS?	13e STREET ADDRESS 200 Trail			21220	
7	N FA	THER'S NAME	1				15 MOTHER'S A						
5/	Fr	ederick		J.	Mey		Lil	lian	R.		Bar		
-6-		VAS DECEASED EVER	IN U.S. AR		-	SECURITY NO.	17 INFORMAN		ADDI	ESS	-42		
1	Ye	ES. NO OR UNKNOWN)	UF YES, GIV	YE WAR OR DATES)	216-0	1-2031	E. Mau	de Mey	nen	Sa	ame as 1	3e	
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY:												
1		IMMEDIATE CAUSE (0) CANCILLO - PULMO MAN DECEST											
		DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if ony, which (b) mys Gerdial interation												
	couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.												
				(c)									
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To											
	5	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WE IN CERTIFY INC. YES NO YES NO YES 1216. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 10 TIEM 18. PART 1.0											
1	CA	196. DATE OF OPERA	1%. CONDITION FOR WHICH OPERATIO			N WAS PERFOR	MED	20s AUTOPSY?		YES, WERE FINDI			
	ZTIF					YES NO	YES 🗌	NO 🗌					
1	CE	216. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY HOUR A.M. MONTH DAY YEAR									8 PART I OR PART 2		
1	AL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONIM DAY YEAR  (IF ESTHER, NOTIFY MEDICAL EXAMINER)  P.M. 19											
	MEDICAL	21d. INJURY OCCURRED 21e PLACE						CITY OR I	0.40.1	COUNTY	STATE		
	Z	WHILE NOT WE	ONE D	(AT HOME, STR	EET, FACTORY, OF	FICE, FARM ETC )	STREET		CITTON	OWN	COUNT	STATE	
	80	22a.1 certify that (I)		ital) attended th	e deceased tr	om Auss	x+ 10.	19 85	10 alsus	410	19 6 5	that (I) (we) lost	
		sow the decease	ed olive on	Acrost	101	12 85	nd that in (my) (a		death occurred on the	date and h			
	- 3	obove, (I) (we) (c	did) (did no	view the body	ofter deoth.		DEGREE						
	15	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN									M. DAIC	22c. DATE SIGNED	
1													
		224 PHYSICIAN'S NA					22e ADDRESS						
		Hnn -	1. 110	a,MO				CO IE		The C			
		URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION				
		specury urial		8/14/1	985	Dulane	y Valley		Timonium		COUNTY	aryland	
		INERAL DIRECTOR							E REC'D BY REGISTRA				

DHMH - 16 50M 4/B3

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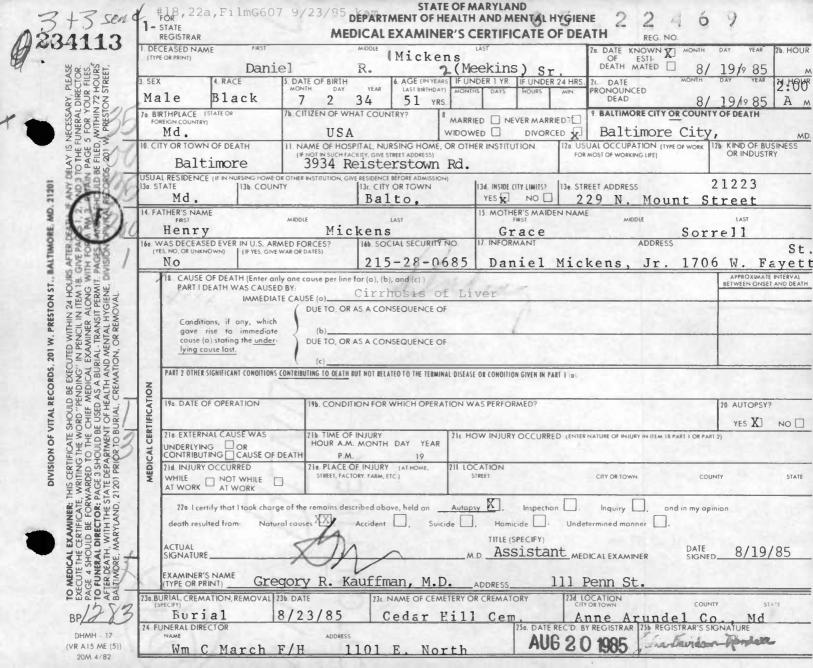
TO FUNERAL DIRECTOR:

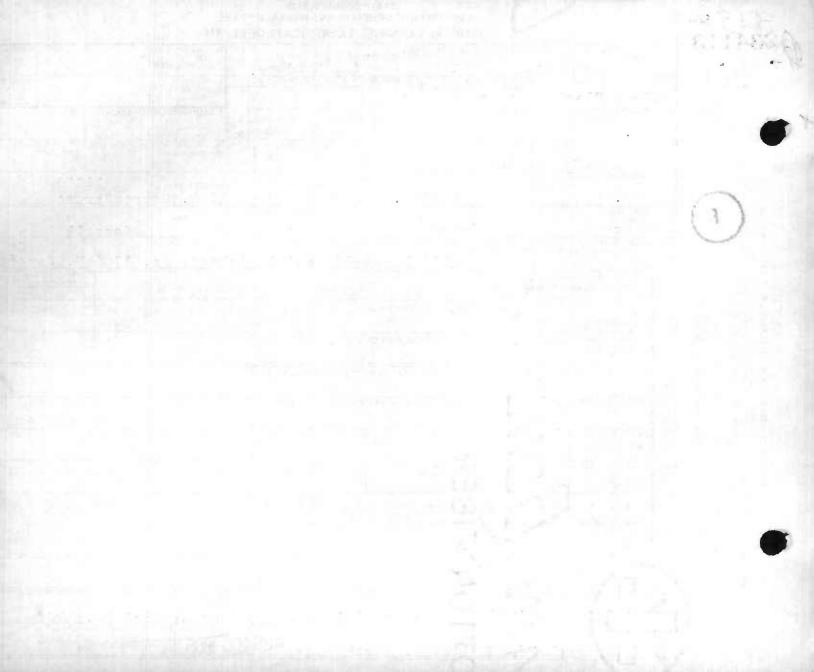
MPORTANT: If Item 21 is

(VRA 15, 4)

Duda-Ruck, Inc. Dundalk, Maryland 7922 Wise Avenue

ADDRESS





Item #17 Film #G606

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

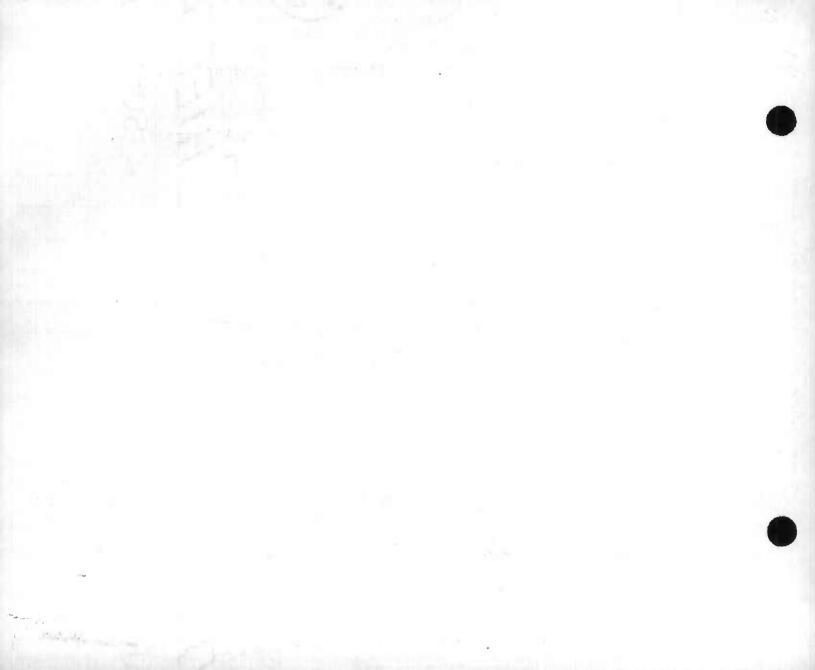
	REGISTRAR CERTIFICATE OF DEATH REG. NO.													
			FIRST	A	MIDDLE	Ł	AST		20. DATE OF		ONTH	DAY YEAR	2b. HOUR	
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	3. SE >								6 AGE (IN YE	ARS LAST BIRTHE	DAY	IE UNDER 1 YEAR	# UNDER 24 HR	
		Male		В1а	ack	MONTH 6	3°Ö	ĬŜ	66		YRS.	MONTHS DAYS	HOURS MIN	
-			FOREIGN 7	b. CITIZEN OF	WHAT COUNT	TRY? 8.	- C NEVER	A PRIED	9 BALTIMOR	E CITY OR	COUNTY	OF DEATH		
REGISTRAR  I. DECEASED NAME  I		٨												
500				(IF NOT IN SUC	HEACILITY, GIVE S	IRSING HOME C		TITUTION						
الحوا	NSUA	AL RESIDENCE (# NUR	SING HOME OR C	THER INSTITUTION,	GIVE RESIDENCE B	BEFORE ADMISSION)	13d. INSIDE C	ITY LIMITS?						
		MD	-		Balti	more	YES X	NO 🗌	1213	Urban	Way	212	24	
	14. FA	FIRST	м	IDDLE				FIRST	ME	MIDDLE			51	
1	_									ADDRES		askins		
1				WAR OR DATES										
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		gove rise to im- couse (a), statis underlying cause	mediate ng the e last.	(b)_( DUE TO, OF	DCerr RAS A CONSI LLTINA	Ebro Va EQUENCE OF TRAC	+ Int			OR CONDI	TION GIV	EN IN PART 16	0	
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	ME	WHILE NOT WE	HILE D	(AT HOME, STR	REET, FACTORY, OF	FICE, EARM, ETC.)	STREET			CITY OR TOWN	·	COUNTY	STATE	
		sow the deceas	ed olive on	8/9	7	om 5/2 19 85. or	nd that in (my)	_, .,				, ,	that (I) well couses stated	
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	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCAT	ION				
	- (	Burial		8/23/8	35	Eastvi	ew Mem.	Pk.	Bal	timor	е	COUNTY	MD <sup>STATE</sup>	

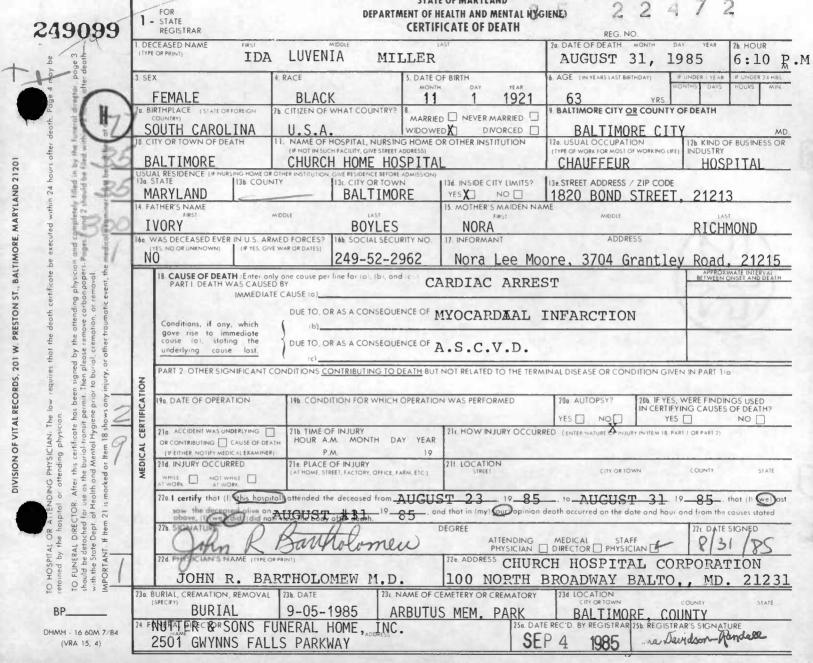
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm "C" March F/H Inc. 1101PRESE North Avenue

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

PANE 2 2 1085

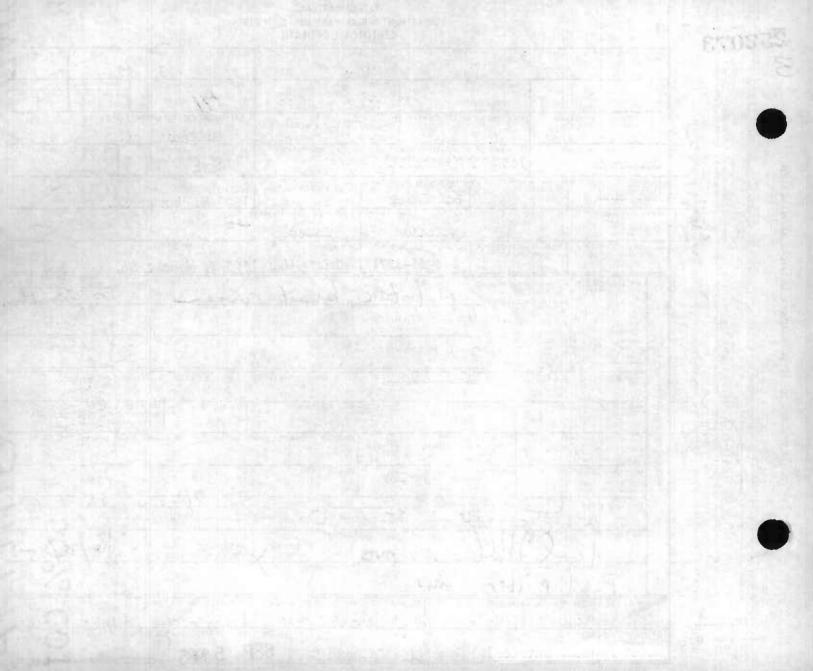




242061	V	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL	YGHE 2	2474
may be page 3 ter death	8		CEASED NAME FIRST OR PRINT) JESSE	Lee RACE	MICLER  5. DATE OF BIRTH	20. DATE OF DEATH	
h. Fage 4 oli director 2 hours of	76		MQ LE  RTHPLACE (STATE OR FOREIGN 76.	BLACK.	i S 33	9 BALTIMORE CITY O	YRS. PORTH DAYS HOURS MIN.
ofter deat y the funer ed within 7	15 18	10. CI	TY OR TOWN OF DEATH II	I. SIP .  I. NAME OF HOSPITAL, NURSII  (IF NOT IN SUCH FACILITY, GIVE STREET  FRANCIS SCATTER  AND SOLVE STREET  OF THE STREET  OF THE SOLVE STREET  OF THE	WIDOWED DIVORCED ( NG HOME OR OTHER INSTITUTION T ADDRESS)	120. USUAL OCCUPAT	OF WORKING LIEE) INDUSTRY
in 24 hours	35	13a. S	AL RESIDENCE IN NURSING HOME OR OT TATE 13b. COUNTY	13c. CITY OR TOV	VN 13d. INSIDE CITY LIMITS	130. STREET ADDRESS 2022 E	itoffman 343
the ball	0	Iáa V	TSAAC VAS DECEASED EVER IN U.S. ARME		15. MOTHER'S MAIDEN FIRST FINANC URITY NO. 17. INFORMANT	MIDDLE ADDR	10 JAST 1//S
te be each	1		ES NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter only of	2N 112303	3134 Ida E. Mil	ller .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ing physical changes or remove the event.			PART I. DEATH WAS CAUSED &	CAUSE (0) Respira	tony failure		BETWEEN ONSET AND DEATH
he death he attent emore or motion, or troumo			Canditions, if any, which gave rise to immediate cause (D), stating the	DUE TO, OR AS A CONSEQUE	Death.		
res, that med by t splease narroll, cry			underlying cause last.	107	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(a)
on. has been significant there are prior to be	2	CERTIFICATION	HTV 19a DATE OF OPERATION		HOPERATION WAS PERFORMED	20a AUTOPSY? YES □ NO ■	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: T g physics certificate isof-transis ental Hygi	9	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D P.M.	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	
NG PHO other this os the by th and M		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC.) 211. LOCATION STREET	CITY OR TO	
ATTENDI outsitol or ECTOR: A rd for ove rt of Heal		đ	22a.1 certify that (1) (this hospital' saw the deceased alive an above, (1) (we) (did) (did not) v 22b. SIGNATURE	8/2/19	8 1 1 3 , 19 8 S , and that in (my) (aur) apinio	, 10	pte and hour and from the causes stated
HOSPITAL OR med by the h FUNERAL DIR Jid be detache the State Dep	_		PAD CA 22d, PHYSICIAN'S NAME (TYPE OR PR	A-RINTI	ATTENDING PHYSICIAN  224 ADDRESS	MEDICAL STA	FF S/21/25
TO HOSPITA retained by TO FUNERA thould be di with the Sto	1	23a. P	PATRICIA	HSIA	FS KWC	4940 Ec.	ten tre
BP		1	BUNIAN INERAL DIRECTOR	8-26-85 6	F. Veterans Con	CITY OR TOWN	1011/S COUNTY SATE
DHMH - 16 50M 4/8 (VRA 15, 4)	2		Roudelph J.	Collick 24310	5. Oliver St.	DUO ZO BE	O survey and the same of the s

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tor, page 3 after death	3. S		4 RACE	iu.e.	5 DATE OF			GE (IN YEARS LAST BIRT	HDAY}	IF UNDER LYE	
ge 4	F	emale.	Black	2.	11	23 13		71	YRS.	MONTHS	IS HOURS MIN
Pour die	7a.	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8 MARRIED	NEVER MARRIED	9 B	ALTIMORE CITY O	R COUNTY	OF DEATH	
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24 hours	USI 139 M	JAL RESIDENCE (IF NURSING HO STATE aryland	OME OR OTHER INSTITUTION	130 CITY OR TO Baltimo	ORE ADMISSION) WN 11	3d. INSIDE CITY LIMITS YES [X] NO []		STREET ADDRESS	ทรดอ	There's a	217
ompletely Jond 2 sh		eather's Name lobert	MIDDLE	Patters		5 MOTHER'S MAIDEN FIRST Estelle	NAME	WIDDLE			LAST
S & S S	16a	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	7 INFORMANT		ADDRE	SS		
Page ex		(YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES!	242-44	-6371	Daniel Mim	rs 161	03 N. Mon	roe s	t.	
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The law riction.	CERTIFICATION	190 DATE OF OPERATION	196 CONE	OITION FOR WHIC	H OPERATION	WAS PERFORMED		YES NO	IN CERTI		DINGS USED SES OF DEATH?
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DING P or offer the as the olth and marked		AT WORK - AT WORK		1 1 1 1				· V/2	8	10 85	
o Residence of Head		22a.1 certify that (I) (this saw the deceased at	The second secon	h		that in (my) (our) opin	inion deat	h occurred on the de	ote and ha	or and from t	the couses stated
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D = ± 3 ₹	23a	BURIAL, CREMATION, REMO			NAME OF CE	METERY OR CREMATO	ORY 2	73d. LOCATION CITY OR TOWN		COUNTY	STATE
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(VR A 15 (4))		Bailey-Dougla	ss tuneral	Home 13	48 Call	ioun St.	SEP	2 185	Sugar	LIEU BANG	Aladas



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4 Feb. 24	=						y voice	MONEI	1 0100	וועמקום		MATE INTERVAL
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			hand a			YEAR	216 HOW INJURY O	OCCURRED	ENTER NATURE OF INJU	IRY IN ITEM 18 PART	I OR PART 2)	
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Spito Spito		sow the deceased of obove, (1) (we) (dut) (	did not	the body after	death19	, 01	nd that in (my) (our) of	pinion deo	th occurred on the d	ote and hour ar	nd from the	couses stated
OR P			0	STA	(D)		THE OR OTHER INSTITUTION  1720 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIPE)  1720 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK FOR MOST OF WORK FIRED (1YPE OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FIRED (1YPE OF WORK FOR MOST OF WORK FOR MOST OF WORK FIRED (1YPE OF WORK FOR MOST OF WORK FOR MOST OF WORK FIRED (1YPE OF WORK FOR MOST OF WORK FOR MOST OF WORK FIRED (1YPE OF WORK FOR MOST					
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Or			OVAL 23b	DATE	23c P	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION			
BP		SPECIFY BURIA	1 1	8/27/8	25	Ach	ust Mon	OK	By H	. 2	OUNTY.	STATE
	24 FI	UNERAL DIRECTOR	- 0	13110			25	Se. DATE R	C'D. BY REGISTRAR	25h REGISTRA	R'S SIGNAT	URE A PRI
DHMH - 16 50M 4/83 (VRA 15, 4)	W	Iliam C By	CKC.3Al	100	ADDRESS	1100	AL AURO	AUG	29 1985	- www.	ndoon-1	Janasac
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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIRNE

	-	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.				
		CEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
		MXXXHKKK	MARY	IDA	М.	ITCHELL	AUGUST 1		985	10:45	
	3 SEX	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	HD'AY)	MONTHS DAYS	IF UNDER 24 HRS	
	F	emale	Black	<	l	29 42	43	YRS.			
3		RTHPLACE (STATE OR FOREIGN COUNTRY)  VA	ι	WHAT COUNTRY?	MARRIE		Baltimore city o			MD.	
5	Ba	altimore	Churc	ch Facility, give street ch Home Hi	ospita	or other institution al	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			F BUSINESS OR	
5		AL RESIDENCE (IF NURSING HOME STATE 13b. CO		GIVE RESIDENCE BEFORE ISE CITY OR TOW Baltimo:	'N	13d INSIDE CITY LIMITS?	130 STREET ADDRESS A	te St.	21202		
	I4 FA	ATHER'S NAME	15 MOTHER'S MAIDEN NAM								
C		Joseph	A.	Downes		Marie	WIDDLE		Fields		
1		VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	55		7 - 7 - 1	
	()	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	213-38-8	849	Michael A. M	itchell 2420	E.	Loch Ra	ven Rd.	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	SED BY:			NCINOMATOSI	S		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH	
		Conditions, if any, which gove rise to immediate		CANCER		ONQUE					
		couse (a), stating the underlying couse last	DUE TO, O	R AS A CONSEOUR	ENCE OF		Tale 19				
	NOI	PART 2. OTHER SIGNIFICAN	T CONDITIONS <u>C</u>	ontributing to I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GI	IVEN IN PART 110		
2	ERTIFICATION	19a DATE OF OPERATION		NCER OF		N WAS PERFORMED  UE	20a AUTOPSY? YES NOK	IN CERTI	S, WERE FINDIN IFYING CAUSES ES []		
1	I W	21a ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	Y IN ITEM IS	PART I OR PART 2)		

18 shov

or Her

MEDICAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

MPORTANT XX

23a. BURIAL, CREMATION, REMOVAL (SPECIF Burial

23b DATE 8/16/85

SOMPALLI, PRASAS M.D.

HOUR A.M.

P.M

The PLACE OF INJURY

MONTH

AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

DAY

YEAR

19

211 LOCATION

236 NAME OF CEMETERY OR CREMATORY King Memorial Pk.

DEGREE

Baltimore

100 NORTH BROADWAY BALTI, MARYLAND

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

27e ADDRESSCHURCH HOME CORPORATION

CITY OR TOWN

purion death occurred on the date and hour and from the causes stated

Cour MD STATE

22¢ DATE SIGNED

COUNTY

STATE

21231

24 FUNERAL DIRECTOR

NOT WHILE

sow the decased alive on above, (1) (we) (did) (did no

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22a.l certify that (1)

226. SIGNATURE

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

2241.8

		REGISTRAR								REG. NO	Э.			
1		CEASED NAME OR PRINT)	JOHN	Wes	124		)LL	TR.	20 DATE	OF DEATH	8	4	85	3:00a M
ch	1.50	nale		who to	e	S. DATE O		1935	6 AGE (I	50	IHDAY) YRS	MONTE	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1	M	RTHPLACE (STATE OFFICE		U-S.	A.	MARRIE	D	R MARRIED 🙇		ORE CITY O LTIMORE			EATH	MD
	d	BALTIMORE	/	V.A. HO	SP. LO	ch RAVE	ON BI	istitution		ORK FOR MOST 9			DUSTRY	XON XON
1	13a S	AL RESIDENCE (IF NURS	DUN DUN	OTHER INSTITUTION	130 CITY OR T	OWN TON	YES 🗌	CITY LIMITS?	30	ADDRESS /	ZIP CC	DE	Auc	2111:
Y	Vi	Shar W	esle	AIDDLE	Mol		He	R'S MAIDEN NA	ME	MIDDLE		MAK	echa!	K
1		VAS DECEASED EVER II VAS NO OR UNKNOWN)	U.S. ARA	WAR OR DATES!	216-3	4-4025	17 INFORM	e len	Moll	ADDRE	#/	3e		
		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSE		gen .	opulm	on ary	601	laps	e			APPROXIA BETWEEN O	MATE INTERVAL DINSET AND DEATH
		Canditians, if any, gave rise to imm cause (a), stating underlying cause	ediate the	(b)_	Sep.s RASACONSE	15	Alra	tion /	PSO	15	Ab	cess		
	NOIL	PART 2 OTHER SIGN	IFICANT C	etusta	tic	larc	inomi	n of	WHAL DISE	ASE OR CON	SOLVE		1 . 1	uction
1	CERTIFICATION	190 DATE OF OPERATI	ION	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PER	FORMED	YES [	NO			RE FINDIN CAUSES	IGS USED OF DEATH? NO [
î	11/200	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEA	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c HOW	INJURY OCCUR	RED (ENTER	NATURE OF INJUR	RY IN ITEM 1	B PART I C	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRI	E	21e PLACE	OF INJURY REET FACTORY, OFF	ICE, FARM ETC }	21f LOCA STRI			CITY OR TO	WN	C	OUNTY	STATE
		22a I certify thatXX( saw the deceased abave, (X(we) (di				9 <u>85</u> , or	nd that in X	y) (aur) apinian	death accur	AUGUST			fram the c	
,		226. PHYSICIAN'S NAI	ary	C Pa	isu	ch	DEGREE		MEDICA DIRECTO	L STAP			3/	6/85
		GARY A	PAPU	CHIS, M			3900	Loch Ro			Balti	more	2 MD	21218
	23a B	BURIAL, CREMATION, R	REMOVAL	8-7-	85	EDDIA.	11	OME FER T		CATION ITY OR TOWN	toN	A	A.	må.
	24 FL	INERAL DIRECTOR	1	1 /		1/1	1	25a DAI	E.REC'D. BY	REGISTRAR	25b. REG	ISTRAR'S	SIGNATI	JRE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

(VRA 15, 4)

STATE OF MARYLAND

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

58		CEASED NAME FIRST	FIRST MIDDLE		4.6	AST	REG. NO.  20 DATE OF DEATH MONTH DAY YEAR 26						
	Line	OR BRID 11	hn	E.	MON	IODIS	August 1, 1985	9.8	9:31				
	3. SE		4. RACE	- 4	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24				
	1.	Male	Whit	te	2	22 22 YEAR 22	63 YRS.	WOIGHAS DATS	HOURS				
3	4	RTHPLACE (STATE OR FOREIGN COUNTRY) Greece		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Baltimore City or Count						
3	B	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING CHEACILITY GIVESTREET Jand Gene	IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	E) INDUSTRY	F BUSINESS				
刻	1361 5	Md. A.	Arundel	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Severna	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 524 West Drive	21146					
12	1	Evangelos	WIDDLE	Moniodis Tibb SOCIAL SECU		IS MOTHER'S MAIDEN NA Katina	WIDDIE	Sfakian					
1		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE YES W	Moniodis ve, Severna Park		99								
6		18 CAUSE OF DEATH (Ente	r anly ane cause pe	er line for (a), (b), an	d (c).1				MATE INTERVA				
1		PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Poorly differentiated metastatic carcinoma involvi											
Ĭ	18	With the same of	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
O.		Conditions, if any, which	conditions, if ony, which intra-thoracic and intra-abdominal lymph nodes										
1		cause (a), stating the	XXXXXX	XXXXXXXXX	XXXXX								
10 10		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100											
, de	2												
-	9					bronchitis.	200 AUTOPSY? 206 IF YES, WERE FINDING						
sony	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDI	OF DEATE				
) o	1 1	July 31, 198		creatic C	arcino			s 🖪	NO [				
or Hem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O			AY YEAR	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	'ART I OR PART 2}					
E =	OA	(IF EITHER NOTIFY MEDICAL EXAM	NINER) P	.M.	19								
o p	MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	51				
morked	1	AT WORK AT WORK			711777		*****	0.5					
S. E		220.1 certify that X1) (this h	ospital) attended t	he deceosed from	<i>July</i> 85		August 1	19_85	that (fi (w				
2	1	saw the deceased alivi above (I) (we) (did) (di	XXXiew the bod	y ofter death.	, 011		death occurred on the date and have						
# He		226. SIGNATURE	1, 1.	, -		DEGREE	MEDICAL STAFF	22c. DATE	SIGNED				
		Malsolm	Will	un-	- 10	ATTENDING PHYSICIAN [	MEDICAL STAFF	8/1	185				
A TAN		226 PHYSICIAN'S NAME IT	PE OR PRINT)			77e ADDRESS							
N N		Malcolm Wi	lkinson,	M.D.		c/o Ma	ryland General Ho	spital					
<u> </u>	23a E	BURIAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	51				
_		Burial	8-3-	85 Gr	eek Or	rthodox Cem.	Baltimore Ba	ltimore					
7/84	24 Ft	JNERAL DIRECTOR	37-1-13			75g. DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNAT	URE				
7/04	A	nn 1945. Matthews 3021 Eastern	, Matthe	ws Funera	T HOME	AII	6 5 1985 June D	andron-1	hadalle				

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The control of the co Military was a series of the s injury, or other troumotic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

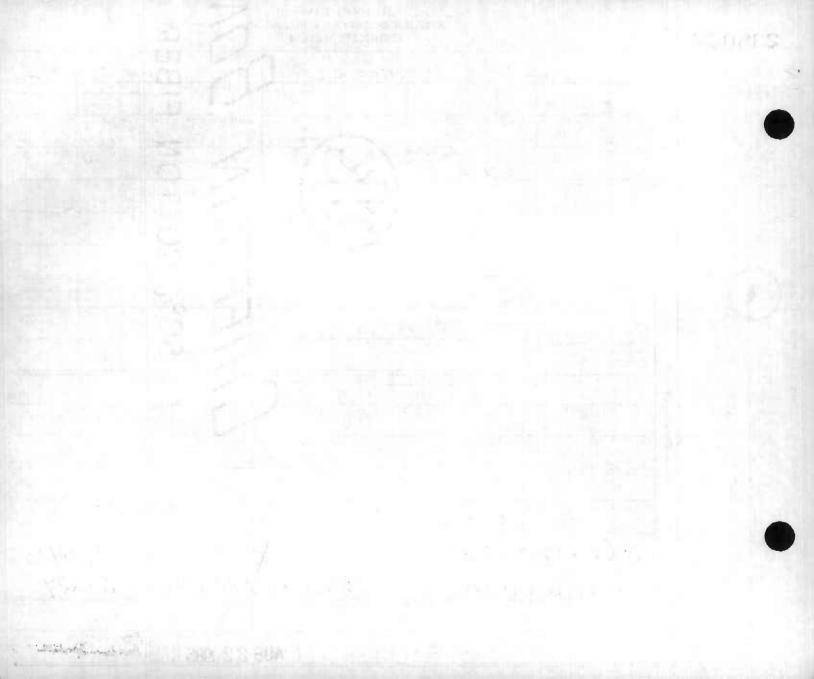
FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL LYGIEN
CERTIFICATE OF DEATH

9	2	64	8	
South				

	1	REGISTRAR			NO.							
Н		CEASED NAME	FIRST	1111	MIDDLE	1	AST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR		
Н	Titte	E	mm	A		mo	ORE	I Town	8/20/85	-545 AM		
	3. SEX	(		4 RACE		5 DATE C		6. AGE (IN YEARS LAST B	MONTHS DATE			
		E		Black		13		77	YRS.	MIN.		
2		RTHPLACE (STATE OR F	FOREIGN		WHAT COUNTR	MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH			
1		N.C.		USA		WIDOWE	The second secon	1 /30	ello (ell	MD.		
	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	TION 126 KIND	OF BUSINESS OR		
)		ltimore		ma	sout	Ko	rd					
-	13a S	AL RESIDENCE (IF NURS	136 COUP		13c. CITY OR TO		13d INSIDE CITY LIMITS					
2		MD			Baltim	ore	YES YES NO		urbridge Ct.	21234		
	14 FA	Henry		MIDDLE PE	tiford		Lüna	MAME	Barbara	AST		
	160 W	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDI				
	(,	NO ocourano	(11 10 0 0 1	e was on pares,	246-05-	· 3 / 6 4 D	Vinni Wils	on 6835 Stur				
		18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (0), (b),	ond (c)			APPRO BETWEEN	NONSET AND DEATH		
		PARTI DEATH W		TE CAUSE (o)	CY	A		4. 34.	25/21/20 11/20			
				DUE TO, O	R AS A CONSEC	DUENCE OF	^					
		Conditions, if ony, gove rise to imm		(b)	AS	CVI						
		couse (o), stotin	ng the	DUE TO, O	475-45							
				(c)	DA ITRIOLITATE T	O DE ATH BUT		NDITION GIVEN IN PART 1				
	z	PART 2. OTHER SIGN	NIFICANI (	LONDITIONS <u>Co</u>	JNI KIBUTING I	IO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN IN PART I	10		
7	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND			
7	TIFIC			4 4 4 4				YES NO	IN CERTIFYING CAUSE YES	S OF DEATH?		
5	CER	210. ACCIDENT WAS UNE	-	21b. TIME C	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART I OR PART 2)			
	CAL	OR CONTRIBUTING (		1111	M. MONTH	19						
	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY	CE FARM FIC )	211. LOCATION STREET	CITY OR	TOWN COUNTY	STATE		
	2	AT WORK AT WO	RK				,		/			
		220.1 certify that	-	01.	7 .	0.	19 8	5 to 8/	20 19 85	, that (I (we) last		
		sow the decease obove, (I) (we) (c	did) did no	t view the body	ofter deoth.			on death occurred on the	date and hour and from the			
		226 SIGNATURE	200	001	110		DEGREE ATTENDING	MEDICAL _ ST.	AFF D	SIGNED ST		
-		22d. PHYSICIAN'S NA	AME LIVE	OR PRINT)	MP		PHYSICIAN 12e ADDRESS	DIRECTOR PHYS	ICIAN   0	201.05		
		Susar	De	nma	n		5200 €	astern A	tre 21	224		
	23a B	SURIAL, CREMATION,	REMOVAL	8/23/8		236 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. 236 LOCATION AND COMPANY				MD STATE		
		INERAL DIRECTOR	. = /	1 1101	E Alaponi		25a. E	DATE REC'D. BY REGISTRA	R 256 REGISTRAR'S SIGNA	TURE		
	W	m.∾C. Marc	en F/F	1 1101	L. Nort	h Ave.		NUG 2 2 1985	l'a bourdon	Horkotte		

DHMH - 16 60M 7/B4 (VRA 15, 4)



CONTRACTOR A 4 10 CH 100 FE Upf yers Villactions disting amova son Board 213-30-9354 Elnie M. Morgan name on 15e OH . will' stomidized transmit transmit to the Lord transmit to the line of th Halter Fron'd Legiler, Tell, Balto., MD 21232 AUB 1 S 1985 .

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22483

COLARA   HORTTZ   STATE   HORTTZ		1	STATE REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.		11	
Set   Permale   Caucasian   Aug.   Spate of Beth   Aug.   22, 1920   64   Aug.   22, 1920	1			lara Mic	DDLE (NMN)	L	AST Moritz	20 DATE OF DEA	TH MONTH	DAY YEAR		
Female  Caucasian  Aug. 22, 1920  64												
Female   Caucasian   Aug. 22, 1920   64   ves.	SECOND   CONTRIBUTION   CONTRIBUTI											
Maryland   USA	1	1				Aug.	22, 1920		* YK			
Maryland   USA	1					MARRIE	NEVER MARRIED					
Baltimore  St. Agnes Hospital  Dietician  School  State  Maryland  Mary  Henesen  Mary  Hen						WIDOWE	D N DIVORCED	Balt:	imore			
STATE   MARKE   MARK	1	10 CI		(IF NOT IN SUCH F	ACILITY, GIVE STREET AD	DRESS)				GLIFE) INDUSTE	Y	SOR
THER'S NAME Frank	1	1		St	. Agnes	Hos	spital	Dieti	cian	Sch	ool	
THER'S NAME Frank	7	13a. S	TATE MESTORNE	TY II	CITY OR TOWN	DMISSION)		13. STREET ADDR	ESS / ZIP CO	ODE		1000
Trank   Mary   Henesen	4	<b>MANAGEMENT</b>		rimor.e	Bal timo	r.e			anding	gton Re	1. 2	1207
The Was deceased every rives of the process   The social security no 217-09-4764   Larry D. Moritz Annapolis, MD 21403	3	27	FIRST	MIDDLE	LAST		FIRST		DLE	TT - 20	LAST	
Real Section of the fine only one coure per line for ign, (b), and (c)   Part 1 De Ath Was Caused by: MacCause (o)   Due to, or as a consequence of coure ign, ign, which gove rise to immediate course (o), stolling the underlying cause lost.   Due to, or as a consequence of course (o), stolling the underlying cause lost.   Conditions, if any, which gove rise to immediate course lost, or as a consequence of course (o), stolling the underlying cause lost.   Condition for which operation was performed   20s autopsy?   20s Invest.	Ş	/						710	DIDEES -			101
BETWEEN ONLY NO POTATION   THE COUNTY OF COUNTY OR COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COU		160 V	res, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)				wite A	Brici	in St.	, Apt	. IOI
PART I DEATH WAS CAUSE OF IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF CONDITION, which gove rise to immediate couse (o); stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN TO THE TERMINAL DISEASE OR CONDITION GI							Larry D. MC	DIT UZ A	mapo.			
DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if only, which gove rise to immediate coute ion, stoling the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 to  PART 2 OTHER SIGNIFICANT	1		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ily one couse per lir DBY:	ne for (a), (b), and (	000	-1	Maria.	6	BETWE	N ONSET AND D	ÊATH
Conditions, if ony, which gove rise to immediate couse ioi. Stolling the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  21g. ACCDENT WAS UNDERLYING OR CONTRIBUTING PART 2)  21g. ACCDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTR	1		IMMEDIAT	E CAUSE (o)			2 DIAL	111141		67	e nis	10
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY?  126. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  YES ON OR CONTRIBUTING CAUSE OF DEATH?  YES ON OR CONTRIBUTING TO THE MEDICAL STAFF  PHYSICIAN NAME OF CEMETERY OR CREMATORY  2726 DATE SIGNED  2726 DATE SIGNATURE  2726 DATE SIGNATURE  2726 DATE SIGNATURE  2727 DATE RECON BY REGISTRARS SIGNATURE  2728 DATE RECON BY REGISTRARS SIGNATURE	i		gove rise to immediate	) (b)—	126	441	My WILLING	CILL TI	MER COL	14111	10000	1
19a DATE OF OPERATION   19b CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO   YES	Ì			DUE TO, OR A	AS A CONSEQUEN	CEOF	ins losat	1 / 1	hill-Al	la no	61 40	
19a DATE OF OPERATION   19b CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO   YES			PART 2 OTHER SIGNIFICANT O	CONDITIONS CON	TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART	lio	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINED)  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that (I) (this hospital) ottended the deceased from sobove, (I) (we) (did) (did not) view the body offer death.  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  22d. BURIAL, CREMATION, REMOVAL  23d. DATE  23d. NAME OF CEMETERY OR CREMATORY  STATE  Security Process  Catonsville  Balto., MD  24 FUNERAL DIRECTOR  25d. DATE RECTO. BY REGISTRARS SIGNATURE	1	NO										
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19   19   21d INJURY OCCURRED   21e. PLACE OF INJURY   21d INJURY OCCURRED   21e. PLACE OF INJURY   21d LOCATION   STREET   21d LOCATION   STREET   AT WORK   AT WOR	1			1100110 1 11		YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR PART 2	'n	
22a. I certify that (I) (this hospital) attended the deceased from  Sow the deceased alive on  DEGREE  ATTENDING  ATT		CAL		AIII								
22a. I certify that (I) (this hospital) attended the deceased from  Sow the deceased alive on  DEGREE  ATTENDING PHYSICIAN  DIRECTOR PHYSICIAN  22c. DATE SIGNED  22c. DATE SIGNED  22a ADDRESS  23a BURIAL, CREMATION, REMOVAL  SPECIFY  Cremation  8/9/85  Security Process  Catonsville  Balto., MD  24 FUNERAL DIRECTOR  PAGESTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRARS SIGNATURE		VED				M, ETC }	21f LOCATION STREET	CITY	ORTOWN	COUNTY	STA	ATE
sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY  SPECIETY PROCESS CATORS VILLE  1236 BURIAL, CREMATION, REMOVAL (SPECIETY) REMOVAL (SPECIETY) RECOUNTY  Cremation 8/9/85 Security Process Cators Ville Balto., MD  24 FUNERAL DIRECTOR  250 DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE		-	AT WORK AT WORK						<u> </u>			
Obove, (I) (we) (did) (did not) view the body offer deoth.    226 SIGNATURE	1			/\ .	and the	4	17 30 19 8	to	400 6	19 📉		
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE SECURITY Process Catonsville Balto., MD  24 FUNERAL DIRECTOR 250 DATE REGISTRAR 25b. REGISTRAR'S SIGNATURE			obove, (1) (we) (did) (did no	t) view the body of	ter deoth.			deoth occurred on	the dote and			ed
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Cremation 8/9/85 Security Process Catonsville Balto., MD  24 FUNERAL DIRECTOR  STATE  25 DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE	-	230 0	LIPIAL CREMATION REMOVAL	1226 DATE	122, NA	ME OF C	D 700	1224 LOCATION	1	Tere,		
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		24 FU		0/ // 0	) Loc	CULI						ID_
machabb ratterar nome catotisville, MDI A009 (CR)		Ma	c Nabb Funera	al Home	Caton	svi		ALIO O	085	1.		

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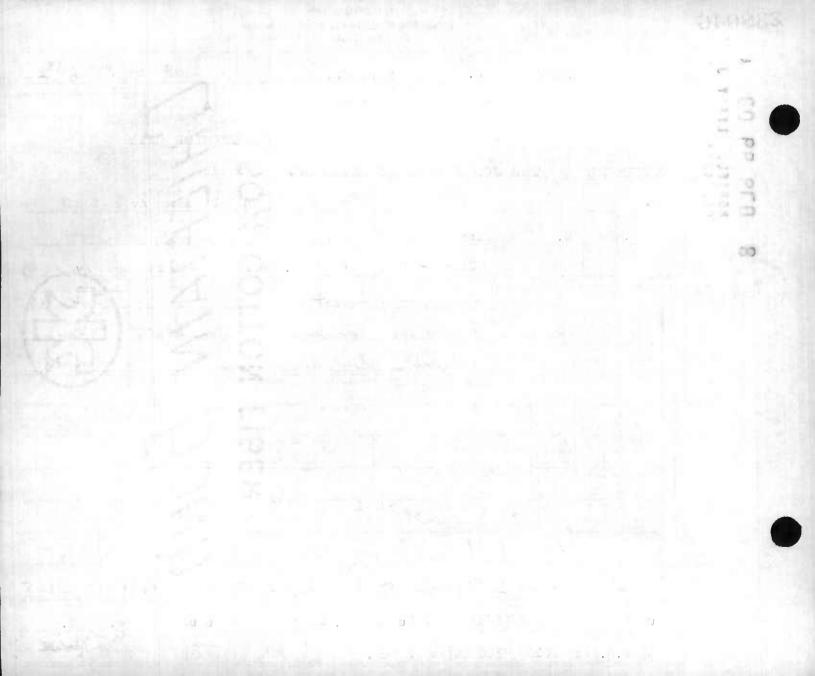
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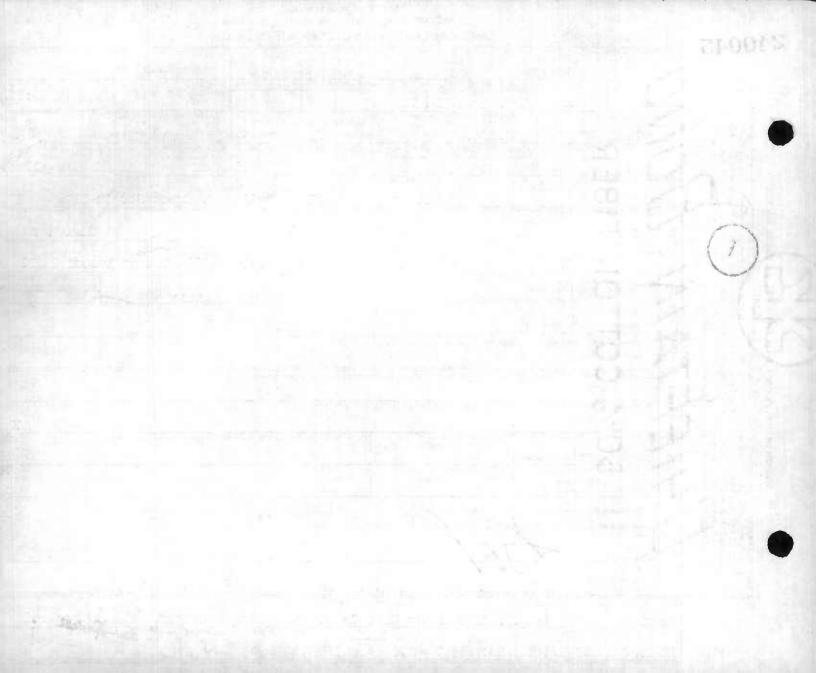
22485

38046	1.	FOR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 2 4 8 5								
1	1.	STATE REGISTRAR				ICATE OF DEATH	REG. N	10.			
- 1		CEASED NAME FIRST	WIDDLE	11000	Į,	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
poge 3	1	LER	J.		MO	RSELL		8 19	85	638AM	
	3. SE	x	4 RACE	200	5. DATE O		6 AGE (IN YEARS LAST BE	RTHDAY) IF (	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
4 Water		Male	Black	140.03		5/4/21 YEAR	64	YRS			
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH		
OF THE PERSON OF	M	aryland	USA		WIDOWE		BALTIMO			ME	
	P.	ALTIMORE	(IF NOT IN SUCH FACILI	TY, GIVE STREET	ADDRESS)	HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired	OF WORKING LIFE)	12b. KIND ( INDUSTRY	OF BUSINESS OR	
0	13a 1	ALL FROME OF NURSING HOME OF STATE 136 COUR	ROTHER INSTITUTION GIVE RE NTY 13c C BE	SIDENCE BEFORE  ITY OR TOW  1 timo	re	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 3410 Pied	/ ZIP CODE mont Av	e. 2	21216	
- Care	14. F.	ATHER'S NAME	WIDDLE	LAST		IS MOTHER'S MAIDEN NA	ME		LA	c v	
1 11-200		John W.	Cornish			Mabe 1		modore	LA	51	
00		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	OCIAL SECU		17 INFORMANT	ADDR	ESS			
s-to-X			21	13-12-	8373	Goldie C. 1	Morsell 34	10 Pied			
STATE OF STREET		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line fo	si (a), (b), an	d Ic	A 1	BLU VID	Carried Control	-	ONSET AND DEATH	
			TE CAUSE (0)	spira	tory	Arrest	77		3	minutes	
oth continue of the continue o			DUE TO, OR AS A	CONSEQU	ENCE OF	. 1 1	1. +	114		1	
e de office office de		Conditions, if any, which gove rise to immediate	(b)_E	ectro!	Mte	impalina	, repetit ence	malopathy	1	days	
or th se re cren		couse (a), stating the underlying couse lost.	DUE TO, OR AS A	CONSEQU	ENCE OF	ed a democr			U	martles	
ned the plea urial,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COL	ADITION GIVEN	IN PART 1	(a)	
n sign Then to b	Z										
beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, V	ERE FINDI	INGS USED S OF DEATH?	
The k	TIE.						YES NO	YES [		NO [	
Z S O O T &	9	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	11b. TIME OF INJU		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 23		
ng ph ng ph ng ph nright nright	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.		19						
PHYSI tending the burn this ce hard Mei	MEDICAL	21d INJURY OCCURRED	21e PLACE OF IN	JURY CTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE	
os the orke		AT WORK AT WORK			40.1	(0)		10	9.		
GL OOR: Vee		220.1 certify that (1) (this hosp sow the deceased alive or	4 1 1 0	eased from _	85 31	id that in (my) (our) opinion	dooth assured as the	19.		that (1) (we) lost	
ospiritoria ospirita ospiritoria ospiritoria ospiritoria ospiritoria ospiritoria ospiritoria ospiritor		obave, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body after o	death.		DE GREE	deam occurred on the c	Jote ona noor o		E SIGNED	
he ho Tochec Dept		11	- 1//			ATTENDING	MEDICAL STA		22.07	1.0	
SPITAL LERAL VERAL De de e Store	1	22d. PHYSICIAN'S NAME (Type	OR PRINT!	um	_	PHYSICIAN [	DIRECTOR PHYSI	CIAN	1011	19/85	
S PPE		Ato St.	even I St	Women.	n MD	Johns Hoplai	no Horatel	Bal	+ MT	21205	
show with IMPO	23a	BURIAL, CREMATION, REMOVAL			•	EMETERY OR CREMATORY	23d LOCATION		1 1	0,000	
BP		Buria1	8/24/85			Mem. Park	Arbutu		to.	Md.	
	24 F	UNERAL DIRECTOR					TE REC'D. BY REGISTRAL				
OHMH - 16 60M 7/84 (VRA 15, 4)		Chas.A.Rice F	SPA 1300 E	Lutaw	Place	. A	UG 22 1985	I shaile	widson-	-Mandelle	



		1.	FOR			DEPART	STA MENT OF		ARYLAN		GIENE 2	2 4	3	Ö			
2	42080	1-	STATE REGISTRAR				EXAMIN			CATE OF		REG. NO.		1			
	1		CEASED NAME	FIRST		WIDDLE			LAST			20. DATE KNOWN MONTH			DAY YEAR 25 HOUR		
			Nannie					Mosley				MATED X	8 2	26 19 85			
	STREET	3 SE	4 RAI	CE 5	DATE OF BIRTH	YEAR	6 AGE (IN YE		DER I YR.	IF UNDER 2	4 HRS. 2c. DATE		ONTH D	DAY YEAR	2d HOUF		
	O Z O DIR.		F B		7 14	20		RS.		HOURS	DEAD	CED	8 2	26 1985	7:30 p		
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS I W. PRESTON STREET,	FC	RTHPLACE (STATE OR DREIGN COUNTRY)		76 CITIZEN OF WHAT COUNTRY?			8. MARRIED NEVER MARRIE									
		C	Calvert Co Md		U.S.A		WIDOWED DIVORCE			Baltimore 120 USUAL OCCUPATION (TYPE OF WORK							
	THE SHEET AND A SH	10. C	IIY OR TOWN OF DE	(IF NOT IN SUCH FA	NAME OF HOSPITAL, NURSING HOME, OR OT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			FOR MOST OF WORK			(ING LIFE) OR INDUSTRY						
	ICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTE: DEATH. IF ANY THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE P. ES. 12, AND D. THE CHIEF MEDICAL EXAMINER ALONG WITH FO. 18. RETA DULD BE USED AS A BURIAL. TRANSIT PERMITS PAGES IN 2 SHOULD REMED AS HALLH AND MENTAL HYGENE. DINISON OF WITH RECORD TO BURIAL, CREMATION, OR REMOVAL.		altimore		4301 Portade Street  ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			Custod:			dian	ian Bd. of Edu					
21201		13a. S	TATE Md.	136 COUNTY	OUNTY 13c. CITY C					13d INSIDE CITY LIMITS? 13e STI		STREET ADDRESS 4301 Portage			2/2/8 Ave		
9		14. F.	ATHER'S NAME		MIDDLE	×2.00		15 MOTHER'S MAIDEN NAME									
NE.			Ben		Mose	LAST	FIRST Mami.						LAST V				
MO		160	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	IAL SECURIT	Y NO.				ADDRESS						
BALTIMORE			no	(11 163, 5172 47 %	K OK OMILS)	220	32 33	352	June	0. 1	Rawling	3 2351	Lau	retta	Ave		
			18 CAUSE OF DEA	TH (Enter only o	ane cause per line	far (a), (b)	, and (c).)							APPROXIMATE BETWEEN ONSET	INTERVAL		
SNS			PARTI DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease											HITO DEATH			
ESTO			Constitution 14	and the base	DUE TO, OR	AS A CON	SEQUENCE	OF									
W.			Canditians, if gave rise ta	immediate	(b)			7.10									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.		CERTIFICATION	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF														
38,2			PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														
0					TRICOTINO TO CEATIN	OT HOT RELA	ILD ID THE TERM	INAL BISEASI	DK CDNDIIIUN	A GIASH IN LAKI	1 (0),						
REC			19a. DATE OF OPER	19b. CONDIT	196. CONDITION FOR WHICH OPERATION WAS			AS PERFORMED?				2	D. AUTOPSY?				
TA VI		FE												NOX			
OF.			210 EXTERNAL CAU		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR			OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P									
NO			CONTRIBUTING	CAUSE OF DE	ATH P.M.		19										
NIS I	CERTIFING DED TO DEPAIR	MEDICAL	WHILE NOT	RED WHILE I	21e PLACE C				TREET		CITY OR TOY	VN	COUNTY	H-TEL	STATE		
۵	ATE, WRI CORWARI OR: PAGE HE STATE ND, 2120	1	WHILE NOT AT W	VORK											0.7112		
		18	220 I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry . and in my opinion														
	MINITED BELL		death resulted fram	n: Natural	cowes .	Accident	L Su	icide 🗌	, Hamic	ide	Undetermined ma	nner .					
	MAR WAR		ACTUAL A U	Time	7/h	wh	2 011	L	TITLE (SE				DATE.				
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR; PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120)	M.D. Assistant MEDICAL EXAMINER DATE SIGNED 8/2										8/27/8	35				
		-	EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St. Balto.MD.														
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23 o. B	URIAL CREMATION I				IAME OF CEA		-DOKEOU_		23d LOCATION	Danco.ii					
07/B4	BP	(3	Burial	0	/20 /05				2k		CITY OR TOWN	alstown	COUNTY	d.	TE		
25M			JNERAL DIRECTOR		/ 30/85		-119		12	250. D'ATE REC	C'D. BY REGISTRAL						
	(VR A15 ME (5))	J	as. A. Mo	orton	& Son's	T \ 0 1	Laui	rens	DL.	AUG	28 1985	The State	Widden.	-Mandel	2		

									ARYLAND				0 7		
			FOR STATE		1	DEPART	MENT OF H	IEALTH	AND MENT	8 HY SE	NE 2	24	8 /		
20	0045		REGISTRAR		MEI	DICALI	EXAMINI	ER'S C	ERTIFICAT	OF DE	ATH RI	EG NO.			
とは	0045		CEASED NAME	FIRST		MIDDLE			LAST		20 DATE KNOW		H DAY	YEAR	26 HOUR
	22 4 2 F	(11P	E OR PRINT)	Joseph	1			Mo	Ver		OF EST	ED X 8	20 19	85	
	PLEAS FCTOR R FLES HOUR STREET	3. SEX	4 RAC		DATE OF BIRTH		6 AGE (IN YEAR	RS IF UN		NDER 24 HRS	2c DATE	MONTH		YEAR	2d HOUR
	N S S S S S S S S S S S S S S S S S S S	Ma	le Wh	ite	Aug. 10,	1013	72 YR	10.01411	S DAYS HOL	JRS MIN	PRONOUNCED	8	20	85	8:35
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	品質を受り	FO	REIGN COUNTRY)						ED NEVER						
	Was a series		ryland	ATH	U.S.A.	DITAL MILI	PSING HOME	WIDOW		VORCED L	Baltimo			OF BUIL	MD
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	900 30	4	Baltimore				ross St			PI	umber		Plumb	oing	Cont
2	SEE SEE	LL S	L RESIDENCE (# IN NI	13b. COUNTY	OTHER INSTITUTION, GI	13c CITY	ORTOWN		138. INSIDE CITY LIN	AITS? 13e ST	REET ADDRESS				
24	LIP		yland			Balt	imore		YESXX NO	○ □ 112	0 W. Cro	ss Stre	et 21	230	
- 9	1 1 300	14. FA	THER'S NAME		MIDDLE		LAST		15 MOTHER'S /	MAIDEN NAM	E MIDDLE		LAS		
2	12000	(	eorge		A.		Moyer		Maggie	9			Str	iche	er
WO	34 Ex /	16a. V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	16b SOC	IAL SECURITY	NO.	17. INFORMANT	T	AD	DRESS			13 De
1	CATE A	Ye		WW II		217-	09-3460	)	Edward	Martin	2550 W	ilkens	Avenue	21	223
3	S . S . S . S		18 CAUSE OF DEA	TH (Enter only	one cause per line	for (a), (b)	, ond (c),)						APPRO	DXIMATE	INTERVAL
IST	24 HOI ITEM 1 LONG PERMI SIENE, VAL.		PART I DEATH V	VAL CALIFED	CAUSE (a) Ard			ic c	ardiovas	scular	disease		BETWEE	N ONSET	AND DEATH
õ	IN 24 HO IN ITEM ISIT PERM HYGIENE MOVAL.		Sell Free	IMMEDIATE			ISEQUENCE O		ara.tova.	Doulul	<u>urbeabe</u>				
S	HIN NSI LH		Conditions, if												
×.	NIA	379	gave rise to cause (a) statin		DUE TO OR	AS A CON	SEQUENCE O	)F							
100	AA-AN-NED		lying couse lost				02 402.102 0	1							
5,2	S. L.		PART 2 OTNER SIGNIFICAL	NT CONDITIONS ON	NIBIBILING TO OFFICE	BILL NUT BELV	TED TO THE TERMIN	NAL OFFICE	OR COUNTY ON CHE	A IN DARY 1					
ORC	EW EW	z	THE TOTAL PROPERTY	(0.10111011) (0	NIKE OF THE PERSON OF THE	BOT HOT RELA	ILD TO THE TERMIN	NAL UISEASE	OK COMPITION GIVE	N IN PART 1 10					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ATE SHOULD BE EXECUTED WITHIN 24 IN EWORD "RENDING". IN PENCIL IN ITER ALON THE CHIEF MEDICAL EXAMINER ALON TO BE USED AS A BURIAL - TRANSIT PER MENT OF HEALTH AND MENTAL HYGIEL OF BURIAL, CREMATION, OR REMOVA	CERTIFICATION	19s. DATE OF OPER	ATION	Ties CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORMED	2			20 AU1	OBCV3	
7	SHOULD ORD "PE CHIEF A E USED / T OF HE/	FI O	TAL DATE OF OTER		178 CONDI	HOITTOK	WITHCH OF ERA	ATIOIT W	AS FERT ORMED						
5	HIS CERTIFICATE SH WRITING THE WOR ARDED TO THE CH ACE 3 SHOULD BE LASE ATE DEPARTMENT OF TO BOTH 1201 PRIOR TO BOTH	E T	71s. EXTERNAL CAU	ISEWAS	21b. TIME OF	IN ILIDA		121. HC	NA INTRIPA OCC	CHIDDED ASSUE	R NATURE OF INJURY IN	WE 10 0 . 07 1 00			NO [X
Ö	A SHE SHE	-	UNDERLYING -	OR	HOUR A.M		DAY YEAR	ZIL. BC	W INJURY OCC	LUKKED (ENIE	RNATURE OF INJURY IN	IIEM IS PART I OR	PART 2)		
Ö	SART OF THE SART O	MEDICAL	CONTRIBUTING 214 INJURY OCCUR		21e PLACE (		19	1214 100	CATION						
ž.	DED DED E3 SF DEP	MED				TORY, FARM, E			TREET		CITY OR TOWN		OUNTY		STATE
۵	THIS CHARTED WARD WARD PAGE STATE D 21201		AT WORK AT V	VORK							5-316				
			22a. I certify that	I taak chorge	of the remoins des	cribed obe	ve, held on	Autops	y , Inst	pection X,	Inquiry .	ond in my	opinion		
	ラニーコーン		death resulted from	n: Natural	colon X.	Accident	Suid	cide 🔲	Hamicide	Unde	termined manner				
	CERTIL DIRECTOR BOULD BO			-		/			TITLE (SPECI						
	A SELECTION OF THE SELE		ACTUAL SIGNATURE	X	DX	/		М	Assist	ant	DICAL EXAMINER	DAT	E 8/	20/	85
	SEA SEA	1		-	001						DICHE EXPONITION	3101	120		
	MEDIC CUTE T SE 4 SP FUNER FUNER FUNER FUNER		(TYPE OR PRINT)	Gre	gory R.	Kauff	man, M.	D.	ADDRESS	111 Pe	enn St.	Balto.	MD.		
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BAFTIMORE, M	23a.B	URIAL, CREMATION,						R CREMATORY	23d L	OCATION				
07/84	BP		rial	Δι	ig.23,198	35 Per	dar Hil	1 Ce	meterv		oklyn Pa		Ma:	wla	_
25M			UNERAL DIRECTOR	1210				1229			Y REGISTRAR 256	REGISTERS			
	DHMH - 17 (VR A15 ME (5))	HI	BBARD FUN	ERAT. HO	ADDRESS MF. TNC				ENITE AL	1623	1985	D Know (	•		ŭ.
	(-//	110	DIVITAL L'OIN	חותאון ווע	THIT TINC.	ATOI	AATTICATION	O VAI	TAOPI ~	IV U U					



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 -

Y	REGISTRAR		CEKTIF	ICATE OF DEATH	REG. NO	5		
	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		AY YEAR	2b. HOUR
(146)	E OR PRINT!	RY CLARE	= ML	ILLEN	August 7.	1985		12: 40 A
3 SE		4 RACE	5. DATE O		6 AGE LIN YEARS LAST BIR	THOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White	Dec		72	YRS	IONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	MD	USA	WIDOWE		Baltimor	e Cit	V	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126. KIND O	F BUSINESS OR
	Baltimore	301 McMed	chen Str	eet	Social Wo			rities
	AL RESIDENCE (IF NURSING HOME OF			1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7IP CODE		21217
-	MD -		ltimore	YES X NO	301 McM		Stree	t,
14. FA	ATHER'S NAME FIRST	WIDDLE	AST	15. MOTHER'S MAIDEN NA	WE		IAS	7
OX	) Michael	W. Mi	ullen	Helen			Trai	nor
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRE	SS		
	No	216	01 6351	Lawrence 7	r. Mullen.	Ba	lto.	MD
	18 CAUSE OF DEATH (Enter of	only one cause per line for to	(b), and (c)	1			BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUS	ATE CAUSE (0)	VITCIA	tatre ack	enozorcin	oma		
RA		DUE TO, OR AS A CO	NSEQUENCE OF	2TH	hund			of the last
	Conditions, if ony, which	( 1b)	132002110201	7 resi				
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A COL	NISEOUENICE OF					
- 3	underlying couse last	DOE TO, OR AS A CO	NSEQUENCE OF				UTT	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 110	
Z O					The Brown of Corn	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES.	WERE FINDIN	IGS USED
FE					YES TI NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
E.W.	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE				110
AL	OR CONTRIBUTING CAUSE OF DE							
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
ME	WHILE   NOT WHILE	(AT HOME STREET, FACTORY	OFFICE FARM ETC )	STREET	CITY OR TO	VN	COUNTY	STATE
	AT WORK	a b was babila f		C13 - PC	Ь	10	2(~	
	220.1 certify that (I) (this hasp sow the deceased when a			nd that in (my) (our) opinion (	death accurred on the de	<del></del>	-	that (I) (we) lost
	obove, (1) (we) did1) did n	not) view the bod; attendent			deom occorred on the do	ie ond noor		
	THE TOTAL ORT	m 11	4	M ATTENDING	MEDICAL STAF	F	22c DATE	SIGNED
	22d. PHYSICIAN'S NAME (TYPE	I'L KA	The		DIRECTOR   PHYSIC	IAN	0/0	100
					anihan Ilaa	nikal	Palto	MAD
22. 6	Dr. Davis A				aritan Hos	oitai,	Daito	۰ ۱۷۱۵
	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial	8/10/85	Tivew Ca	athedral	Balto.			MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the buriol-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation

MPORTANT: If them 21 is marked ar Item 18 shows

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

AUG 1 2 1985 PAGE STRAP 250 REGISTRAP'S SIGNATURE AUG 1 2 1985

# ST CAME AND THE PROPERTY TO A STATE OF THE PARTY OF THE

Firmila Childs Loc. 15, 191

45 5 Yank For Belto., Na. 121218

Baltimore 201 Malyachan threat y sector Women in Charlitte

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Ad S cho nidi

Leading reaching the safety and the safety

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.
		CEASED NAME FIRST Chan/	45	Mu,	n fors	20. DATE OF DEATH	8/10/85 26. HOUR 5
	3. SEX	m	4 RACE	S. DATE C	of BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DATS HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	u	MARRIE  MARRIE  WIDOWE  HOSPITAL, NURSING HOME C		_	DR COUNTY OF DEATH  MD.  IND.  I 12b. KIND OF BUSINESS OR
)	6	altimore	(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST C	
5	113a. S	mo -		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	310014 ST. 21213
0	14. F.A	Charles	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ne th	Pernell
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	213-61-6339	17. INFORMANT Lucenner	Mum gor a	1 - 4 0 - 1
	NOI	PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT (	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUENCE OF ALLEN CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	landand MINAL DISEASE OR CON	1980 DITION GIVEN IN PART 1/0
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	n was performed	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
	MEDICAL CER	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE NOT WHILE ALWORK ALWORK AND CONTRIBUTION OF AN OR AND CONTRIBUTION OF AN OR AND CONTRIBUTION OF AN OR	21e PLACE (AT HOME, STA	M. MONTH DAY YEAR M. 19 OF INJURY REEL, FACTORY, OFFICE, FARM ETC.)  de deceased from 4  deceased from 7  office decith.	M.D. ATTENDING PHYSICIAN [	city ORIC	that (h (we) lost ote and hour and from the causes stated
	22. 5	DOROTHY		SNOW, M.A.	3900 Lock K	orm Blr.	o Balto, MO 1212
	230. B	BURIAL, CREMATION, REMOVAL	236. DATE 8/15	10 10	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

North

TO FUNERAL DIRECTOR:

TO HOSPITAL

IMPORTANT: If them 21 is morked or Item 18 shows any injury, or other traumatic event, th should be detached for use as the britial transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm. C. March

1101 €.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR 266 REGISTRAR 2



250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Singleton Funeral Home, Glen Burnie, Maryland

Special and where Specification of the TO THE PARTY OF TH VESTION A CHEST injury, or other troumotic event, 16

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If Hem 21 is morked or Item 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### FOR DEPARTMENT OF HEALTH AND MENTAL HARGIEN STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

Dundalk, Maryland

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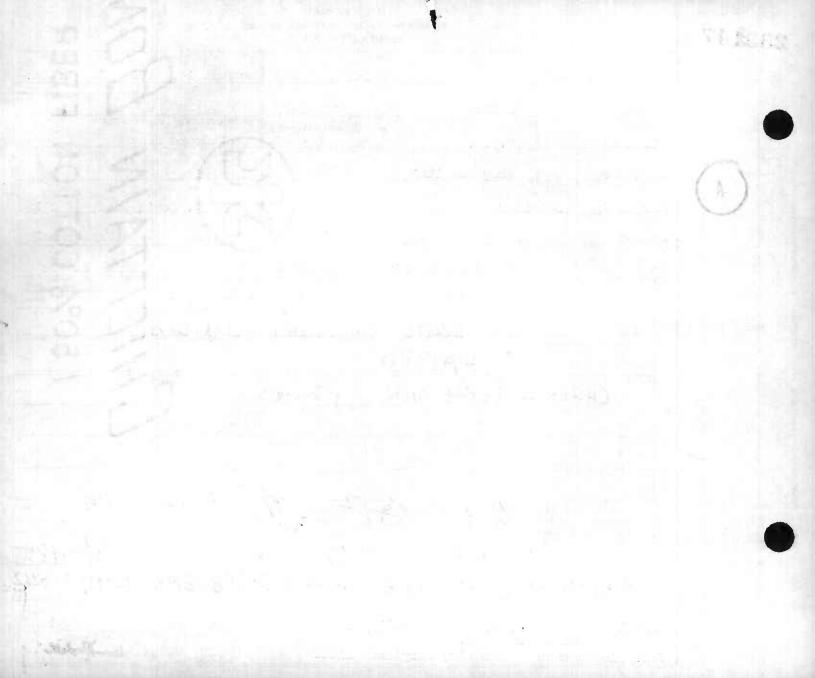
	- STATE REGISTRAR			CERTIF	ICATE OF D	EATH	REG. NO	Э,		)
1	. DECEASED NAME FIRST	۸	AIDDLE		LAST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	Pearl			Mus	ick		August 14	, 1985		1:40A.M
3	. SEX	4 RACE		5. DATE O		YEAR	6 AGE (IN YEARS LAST BIR	(HDAY) IF U	NDER I YEAR	HOURS MIN.
	Female	White		1	31	1899	86	YRS	The state of the s	6'-
1	a. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8			9. BALTIMORE CITY O		DEATH	
7	Virginia	U.S.A		WIDOW	D NEVER A	ORCED	Baltimor	e City		MD.
1	CITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSIN	G HOME (	The same of		12a USUAL OCCUPATE	ON I	12b. KIND C	OF BUSINESS OR
1	Baltimore		Hospital	TO DIESO,			Housewife	WOMAII TO CITE!	NOOS I KI	
7	35UAL RESIDENCE (IF 1986) STATE	THER INSTITUTION			A LO L INTERIOR C	TV 1111760		7ID CODE		
1		timore	138. CITY OR TOWN	N	13d INSIDE C	NO 🗽	6106 St.		5cc	21206
4	FATHER'S NAME				Loud	MAIDEN NA		negrs N	Jau	21200
1	FIRST	MIDDLE	Colvers	-		FIRST	Ann		Pare IA	
5	Joseph	R.	Salyers 16b SOCIAL SECU	_	Liz 17 INFORMA		ADDRE	SS	vanu	erpool
2		IVE WAR OR DATES)	217-26-		Ollie			Saı	me a	s 13e
1	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  CH CON  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	L DE	HASO	01	PS	4040:	SUS 200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	NGS USED
							YES NO	YES [	3	NO 🗌
,	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220.1 certify that (1) (this hosp sow the deceased alive or above. (1) (we) (did) (did to a company)	P./ 21e PLACE ( 1AT HOME, STR  Dital) of the bady  Now yiew the bady	M. MONTH DA M. DF INJURY EET FACTORY, OFFICE FA	19 ARM, ETC )	21f. LOCATIC STREET	, 19 17 (our) opinion of	CITY OR TO  CITY OR TO  CHOOSE A CONTROL OF INJUST  CITY OR TO  CHOOSE A CONTROL OF INJUST  CHOOSE A CONTROL OF IN	J. 19_ te and hour on	COUNTY	
	HEIANDA	-0 C	ENPLR	WE	27. ADDRES	5 W B	SEWEDEN	et B	ALTO	MD212
1	3a. BURIAL, CREMATION, REMOVAL (SPECIFY)	L 23b. DATE	23c. N	IAME OF C	EMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN	co	DUNTY	STATE
1	Burial	8/17/1	.985	Holly	Hill		White Ma	rsh	M	aryland
1	4 FUNERAL DIRECTOR Duda-	-Ruck, Ir	ic.			25a. DATI	E REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNAT	URE

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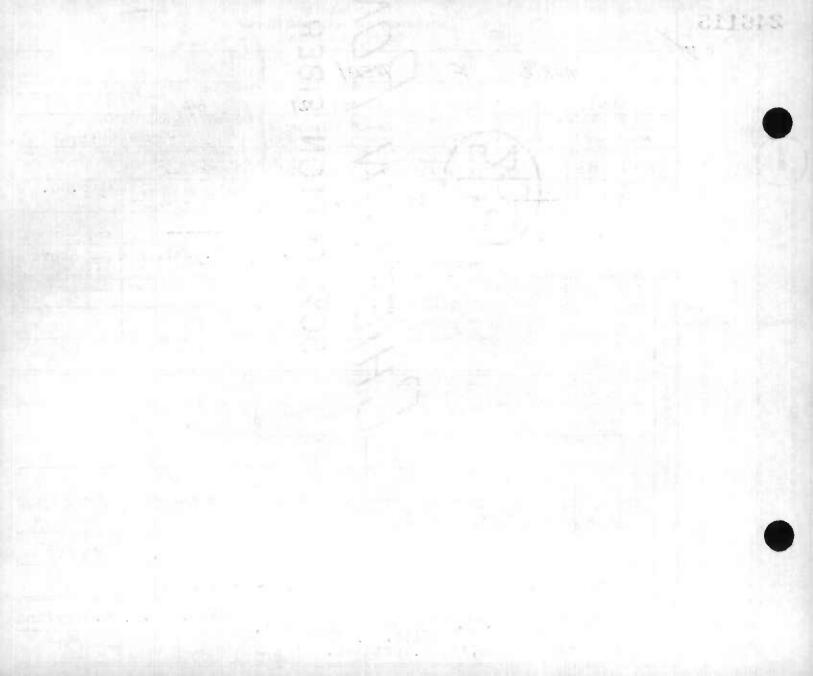
DHMH - 16 60M 7/84 (VRA 15, 4)

7922 Wise Avenue

TO HOSPITAL

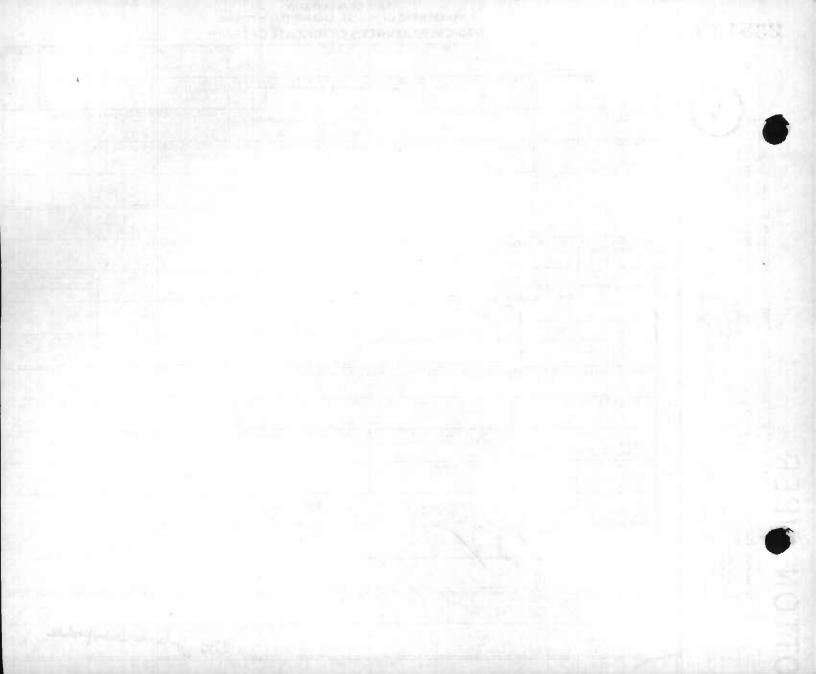


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	1,	FOR	D		OF MARYLAND ALTH AND MENTAL	HYGENE 2 2	9 4
235138	'	STATE REGISTRAR	MED	ICAL EXAMINE	R'S CERTIFICATE	OF DEATH REG. NO.	
Mayor 10 Hi		CEASED NAME FIRST PE OR PRINT) Will	ie	WIDDLE	Neal Jr.	20. DATE KNOWN X OF ESTI- DEATH MATED	8/19/19 85
NA PROPERTY.	3 SE		5 DATE OF BIRTH	37 6. AGE (IN YEARS LAST BIRTHDAY) 48 YRS.		DER 24 HRS. 2c. DATE PRONOUNCED DEAD	8/ 19/9 85 A
	70.5	SIRTHPLACE (STATE OR OREIGN COUNT MD	76 CITIZEN OF WHA	AT COUNTRY? 8.	MARRIED NEVER MA	RRIED 8 9 BALTIMORE CITY OR CORRECT Baltimore	COUNTY OF DEATH
DELAY IS N TO THE FU N PAGE 5 10 BE FILED.	10 0	Baltimore		ITAL, NURSING HOME, C		120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	
21201 E ANY RETAIL HOULD	USU 13a. S	AL RESIDENCE (IF IN NURSING HOM STATE MD 136 COU	E OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS YESXX NO	🗆 229 N. Mount St	t. 21217
MA SALA		ATHER'S NAME Willie		eal <sup>las</sup> Sr.	15 MOTHER'S MA Helen		assiter
URS AFTER DEA GIVE PAGES WITH FORM P DIVISION OF	160.	WAS DECEASED EVER IN U.S. A YES, NO. OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES}	219-30-8732	TO A STATE OF THE	al 1529 W. Fayette	e St.
EXECUTED WITHIN 24 HO WING IN PENCIL IN ITEM I ICAL EXAMINES ALONG IN BURIAL - TRANSIT PERMI H AND MENTAL HYGIENE, WATION, OR REMOVAL.		PART I DEATH WAS CAUS IMMEDI  Conditions, if ony, which gove rise to immedia couse (a) stoting the unde lying couse last.  PART 2 OTHER SIGNIFICANT CONDITION	ATE CAUSE (a) Art  DUE TO, OR A  (b)  DUE TO, OR A  (c)	AS A CONSEQUENCE OF		cular Disease	BETWEEN ONSET, AND DEATH
F VITAL RECORD: E SHOULD BE EXE WORD "FENDING THE CHIEF MEDICA BE USED AS A BB BUTTOF HEATTH AI BUTTOF HEATT	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERAT	ON WAS PERFORMED?		20 AUTOPSY?  YES □ NO 🛣
DIVISION OF VITAL  E. WRITING THE WORD."  E. WRITING THE CHIE  E. PAGE 3 SHOULD BE USE  STATE DEPARTMENT OF IT.  E. 21201 PRIOR TO BURIAL	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O 214 INJURY OCCURRED	F DEATH P.M.	MONTH DAY YEAR  19 FINJURY (ATHOME.	ZII LOCATION	RRED LENTER NATURE OF INJURY IN ITEM 18 PART	
DI ATE, WRI ORWARI ORWARI HE STATE	W	WHILE AT WORK AT WORK  22a. I certily that I took cha	rge of the remains descr				COUNTY STATE
TO MEDICAL EXAMINER: SECURITHE CERTIFICATION TO FUNERAL DIRECTOR: AFTER DEATH WITH THE SATION TO FUNERAL DIRECTOR: AFTER DEATH WITH THE SATION TO FUNERAL DIRECTOR: TO FUNERAL DI	7	ACTUAL SIGNATURE	lural couse LA	Accident , Suicid	TITLE (SPECIFY)  M.D. ASSISTA	nt	DATE SIGNED 8/19/85
FCUT FUN FUN	+	EXAMINER'S NAME (TYPE OR PRINT) Gre	egory R. Kar	uffman, M.D.	ADDRESS	lll Penn St.	
BP		BURIAL, CREMATION, REMOVAL Burial	8/22/85	Mt. Auburi		23d LOCATION CITY OF 15 WN Baltimore	COUNTY STATE MD
DHMH - 17 (VR A15 ME (5))		m. C. March F/	H 1101 AD EXESS	North Ave.		G 2 1 1985	dear Rindall

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DHMH - 16 60M 7/84 (VRA 15, 4)

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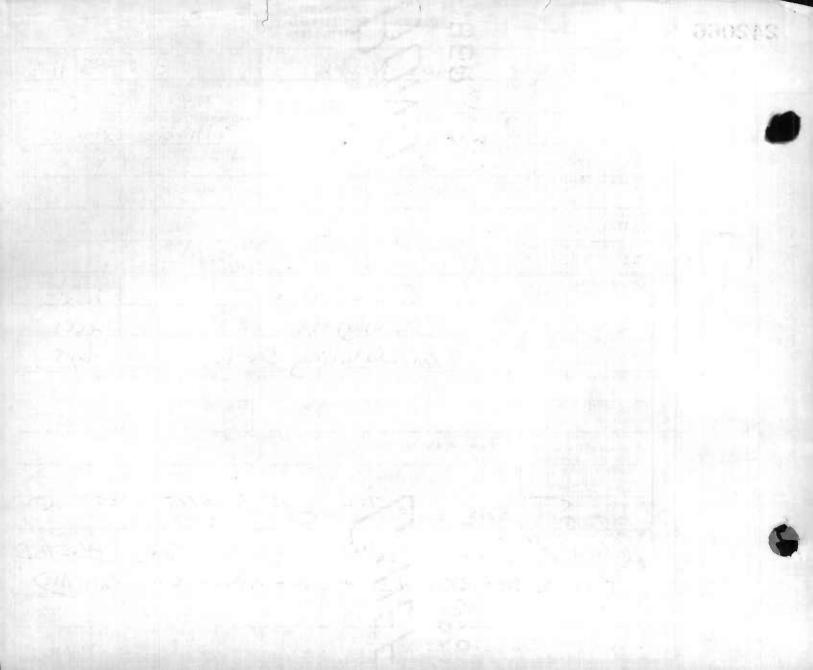
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	# 40 Tel Co.			
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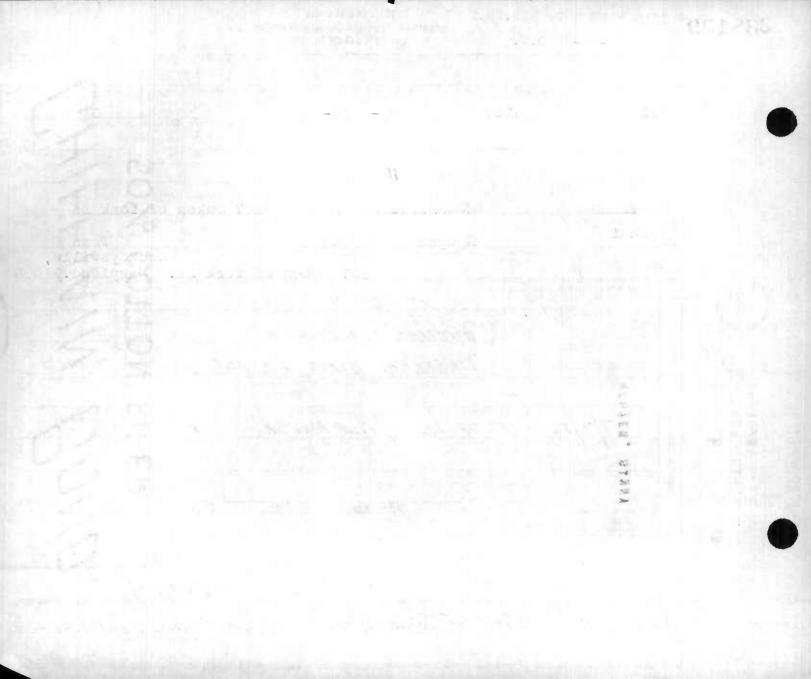
eric talk, which were

242066	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 CERTIFICATE OF DEATH	0 0
ooge 3 decit		CEASED NAME FIRST SIGN	ey Engene Newby 20 DATE OF DEATH MONTH DA	
e 4 moy	3. SE		4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR # UNDER 24 HRS
leath. Pag in 72 hour		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED & NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF WIDOWED   13 MARRIED   3 MARRIED   3 MARRIED   3 MARRIED   4 MARRIED   4 MARRIED   4 MARRIED   4 MARRIED   5 MARRIED   6 MARRIED   6 MARRIED   6 MARRIED   7 M	City MD.
by the fulfied with		Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (E NOT IN SUCH FACILITY, GVE STREET ADDRESS) Francis Scott Key	126 KIND OF BUSINESS OR INDUSTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  ING PHYSICIAN: The law requires that the death certificate be executed within 24 havis or attending physician.  The transcentificate has been signed by the attending physician and containerly filled in by as the buriod-stransit permit. Then please remove carbonapaent in the 2 should be filled in by the not Americal Hygiene prior to buriol, cremotion, or removal and a shows any injury, or other traumatic event.	13a.	MD 136 COUN	IKAITIMORA I	Lane 21229
MARYI ed with la 2 s			Dempsey Newby Novolia Ant	hony
De execu	160	VAS DECEASED EVER IN U.S. AR. YES, MY OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS E WAR OR DATES) 217-24-4111 Edna L. Newby 134 Siegwa	art Lane
certificate leading phy criticate leading phy criticate leading criticate leading phy criticate leading phy criticate leading leading phy criticate leading le			ly one couse per line for (o), (b), and ichi D BY: E CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SECURALS
death ce attending have carbing atten, ar in traumatic.		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF 16) WENNIGHT 'S	weks
that the day the ease remain oil, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	due to, or as a consequence of overwhelming Sepsis	days
ORDS, 20 requires en signed en to burit y injury, o	NOI	PART 2. OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	
AL RECO	CERTIFICATION	198 DATE OF OPERATION	YES NO YES	
ON OF VITA		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR P.M. 19	RI I OR PART 2)
Offen this offen the but hand Med or brinked	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
TEND or USE or USE of Heal		sow the deceased live on above 11 (we) and did no	8 35 , and that in (my Cour) printed death accoursed on the date and hour	
TAL OR AT TAL OR AT TAL DIRECT detoched for tore Dept.		Kichaul 4	DEGREE  MID ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	8/25/85
TO HOSPITAL TO FUNERAL should be det with the Store		Bichard	Goldman MD 4940 Eastern Ave FSKMC	Baltimo
BP		BURIAL, CREMATION, REMOVAL	236. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery Baltimore	COUNTY
DHMH - 16 50M 4/83		UNERAL DIRECTOR  M. NAME. March	7/H 1101 EDRESS North Ave. 250 DATE REC'D. BY REGISTRAR 256 REGISTR	RAR'S SIGNATURE



STATE OF MARYLAND

PER.PH.CALL



248148

STATE OF MARYLAND FOR

LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o	*	74
	ECEASED NAME FIRST	84	MIDDLE	Ni	cholas	20 DATE OF DEATH	8-3	YEAR 1-85	26 HOUR 2:450M
3 5	EX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT			IF UNDER 24 MRS
1	MALE	BLA	CK	MONTH	24 04	80	YRS	NIHS DAYS	HOURS MIN.
70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
	MARYLAND	Yes	A	WIDOWE	D Z THE TEN MONINGED =	BALTO.	Cit	y .	MD.
10	CITY OR TOWN OF DEATH			RSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION			BUSINESSOR
	BALTO.	1	-UTHE	RAN	HOSPITAL	BEN DURIN	)	CONS	TRUCTION
	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR		BALTIN	OWN	13d. INSIDECITY LIMITS?	130 STREET ADDRESS /	ZIP CODE	RD ST.	21229
14.1	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	NE MIDDLE		LAST	
	EUGENE		NICHOI	LAS	JENNIE	· · · · · · · · · · · · · · · · · · ·		CONWAY	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SI		17 INFORMANT	ADDRE	SS	21	229
1	(YES NOORUNKNOWN) (IF YES GIV	t wan on Dailes)	213.	03-2390	MRS. IRENE	WILLIAMS	611 LI	NNARD :	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ly one couse per	line for (a), (b)	ond ic				APPROXIMA	ATE INTERVAL
NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMIN	n al disease or coni	DITION GIVEN	IN PART 10	
CERTIFICATION	198 DATE OF OPERATION	19b. COND	ITION FOR VH	ICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, V IN CERTIFYIN	WERE FINDING NG CAUSES C	SS USED OF DEATH?
1 8	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURRE		1	1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	4111	M. MONTH M.	DAY YEAR					
MEDICAL	21d INJURY OCCURRED  WHILE OF WORK AT WORK	21e PLACE			211 LOCATION STREET	CHY OR TO	wn	COUNTY	STATE
	220. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	8-	31	-	nd that in (my) (our) apinion de	eoth occurred on the do	ote and hour a		not (I) (we) lost ouses stoted
	226. SIGNATURE Methu				DEGREE  ATTENDING PHYSICIAN	MEDICAL STAP		22c. DATE S	31 - 85
	A Mothers	OR PRINT)			220 ADDRESS Lutheran H	orpital. 73	30 AThi	mulens	t nD:
230	BURIAL, CREMATION, REMOVAL			30 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	BURIAL	9/5/8	35	MT. A	UBURN CEMETERY	BALTIMO	ORE		MD.
24	FUNERAL DIRECTOR		ADDRE	SS		REC'D. BY REGISTRAR			
	LEWIS T. GWYN	N 4517	PARK H	EIGHTS	AVENUE SEP	3 1900	wa van	ndson-fa	· President

SEP

3 1985

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as with the State Dept. of Health MPORTANT: If Item 21 is

TO FUNERAL DIRECTOR

B.J. 2 229

ALUMINE CARLS COMMY

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3/5/35 of all the state of the

# 219070 within 24 hours ofter

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO

X		CEASED NAME	FIRST	, 1	AIDDLE	- A 1	AST	2	a. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	A . C. W. V.		liam	М	>	NI	ppling		AGE IIN YEARS LAST BI	0 1	F UNDER 1 YEAR	IF UNDER 24 HRS
	3. SEX	male		Who	te	S. DATE C		EAR	68		ONTHS DAYS	HOURS MIN.
4		RTHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	NEVER MARR	IED 9	BALTIMORE CITY	OR COUNTY	OF DEATH	
/	Ne	Jersey		USA		WIDOWE			Battim	he City		MD.
8	-0	a Himae	TH		HEACHITY CIVEST		PROTHER INSTITUT		20 USUAL OCCUPAT TYPE OF WORK FOR MOST SSIST. Pr	OF WORKING LIFE	INDUSTRY	ege
F	USUA 13a. S	AL RESIDENCE (IF NURSIF	136 COUN		131 CITY OR T		13d. INSIDE CITY LI		36 STREET ADDRESS	ZIP CODE	etto MD	21201
	14 FA	THER'S NAME		NODLE	1467		15 MOTHER'S MA	IDEN NAME	MIDDLE		1000	
	-	William	N	NOOLE	N.661	109	Pe	etra	WIDDLE		Her	nson
		VAS DECEASED EVER I		MED FORCES?	166. SOCIALS	ECURITY NO.	17 INFORMANT		ADDR	ESS		
		Yes		WII	135-12	2-5090	Helen 1	Nibbli	ing Sam	e as l	3e	
		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	y one couse per BY CAUSE (o)	Respir	1	Arrest				100	mate interval onset and death
		A CONTRACTOR		DUE TO, OI	R AS A CONSE	QUENCE OF	m/11.	1 1				
	1	Conditions, if ony, gove rise to imm		(b)			WITTEDE 1	'yelor	ma			
		couse (a), stating underlying couse		DUE TO, OF	R AS A CONSE	QUENCE OF	ongestive i	Kart	Failure			
	NO	PART 2 OTHER SIGN	IFICANT C	ONDITIONS <u>CC</u>	NTRIBUTING	TO DEATH BUT	NO RELATED TO T	HE TERMIN	IAL DISEASE OR CON	IDITION GIVE	N IN PART I d	
4	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY? YES NO		WERE FINDIN	
7	AL CER	210 ACCIDENT WAS UNDER OR CONTRIBUTING COLUMN CONTRIBUTION COLUMN	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ.	JRY IN ITEM 18. PA	RT I OR PART 2)	
	MEDICAL	21d INJURY OCCURR		21e. PLACE	OF INJURY		211 LOCATION		CITY OR TO	District	COUNTY	STATE
	¥	WHILE NOT WHI	LE .	(AT HOME STR	EET FACTORY OFF	ICE FARM, ETC )	STREET		- A	JWN	COUNTY	STATE
		22a I certify that (I)	-	ol) oftended the	e deceosed fro	m_7/2	, 19	85	, to 8/1		0 81	that (I) (we) last
		sow the decease above, (1) (we) (di	d plive on	view the body	ofter death.	9.85 .01	nd that in (my) (our)	opinion de	oth accurred on the d	lote and have	and from the	couses stated
1		226. SIGNATURE		00			DEGREE		relation of		22c. DATE	SIGNED
		Steve	NA	7 Kose	W)	MD	ATTEN		MEDICAL STA		8/1	185
		Steven	A. R	OSEN)			5859D (	vester	n Run Dr	Batte	MD a	21209
	23a B	URIAL, CREMATION, ESPECIFY Cremation	REMOVAL	23h DATE/8	5	Westvie	EMETERY OR CREM W Memoria	al Par	23d LOCATION	ille	Balto	Md
		INERAL DIRECTOR	1		17.4			25a DATE	REC'D. BY REGISTRAF			
	G	eorge J. G	once	4001 R	itchie	"Hgwy B	alto Md	A	UG 5 198!	5	Davidson	-Mandell

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as the burnal-tronsit permit. Then please remove corbon popers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, at removal. morked or frem 18 shows ony

IMPORTANT: If hem 21 is

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within 24 hours ofter

FOR STATE

REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY GENE CERTIFICATE OF DEATH

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6-	2	5	0	-

REG. NO.

	DECEASED NAME	FIRST	٨	AIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1"	STEENENEN			NÍ		TKATKA		AUGUST	9	1985   11.05 APM	
3.	Male	4	RACE Whit	te	5 DATE C	12/25/0	9 YE AR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
2	Marylan	irthplace (State Or Foreign 76. CITIZEN OF WHAT COUNTY U.S.A.		MARRIE	DXX NEVER MA	Baltimore City  MD.					
1	Baltimore ("Ch			Ch HO	spital	DR OTHER INSTITUTION		126 USUAL OCCUPATION CTYPE OF WORK FOR MOST OF WORKING LIEE) INDUSTRY. Sheet Metal Mechanic			
1	STATE Md.	is county Bal	timor	13c. CITY OR 1	EFORE ADMISSION)		O		brea	K Terra	ace/21206
事	Jam'es	MID	DDLE	Nitk	a	Fra.	ices	WE		Klucy	insky
4	WAS DECEASED EVER (YES NO OR UNKNOWN) NO	IN U.S. ARME			SECURITY NO.	Dorot		4DC 4tka/5804	RESS		206 Perrace
Septime Annow		NIFICANT COI				NOT RELATED TO		INAL DISEASE OR CO	20b. IF '	GIVEN IN PART 1 YES, WERE FINDI RTIFYING CAUSES	NGS USED
MEDICAL CERTI		CAUSE OF DEATH CALEXAMINER)	P./ 21e. PLACE (	M. MONTH	19	211 LOCATION STREET	RY OCCURF	YES NOX		YES [] 18 PART I OR PART ?]  COUNTY	NO []
	220 1 certify that (1) sow the deceas above, (1)(we)	ed alive an did) (did not) v	8/9 riew the body		985.or	DEGREE	opinion of		AFF	nour ond from the	
230	BURIAL, CREMATION, (SPECIFY) Buria	REMOVAL	MZDZ 23b. DATE 8/1/	7		EMETERY OR CRE	MATORY	ADMAN-BAI	TAG	TION MB. 64 timore	231231
24.	FUNERAL DIRECTOR	eiler				en Ave.	Cem.	E REC'D. BY REGISTRA 6 1 2 1985			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbonoper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If Hem 21 is marked or Hem 18 stews any injury, or other traumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or ottending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

Film G607 item 5,6 1-state per F.H. 9/6/85 rja

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGUENE
CERTIFICATE OF DEATH

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2	him	3	0	10

		REGISTRAR				CEKITE	ICATE OF DEATH			REG. N	0			
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	11111	OR PRINTY	BENTH	ALL		NC	RRIS	4			8	30	85	8:10p M
	3. SEX	(		4 RACE		5 DATE C		6	AGE INY	EARS LAST BIR	(HDAY)		NDER I YEAR	IF UNDER 24 HRS
	/	MALE		BLACK		MONTH	CT. 102 1928	-	57-	56	YR:	MONI	HS DAYS	HOURS MIN.
1		RTHPLACE (STATE)	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	7 9	BALTIMO				DEATH	
1		MARYL	AND	US	of A	WIDOWE			BALT	IMORE	CIT	TY		MD.
1		TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		Za. USUAL (					BUSINESS OR
1		ALTIMORE		VET	HOSPITAL 3	3900 ]	LOCH RAVEN		RET	IRED	*******	S CIFE   II	TRUCK	DRIVER
-	13a. S	TATE	136 COUN		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS	s? <b>1</b> 13	3e STREET	ADDRESS	ZIP CC	ODE	-	
J		RYLAND			BALTIMO	ORE	YES X NO		3e STREET	110 I	BOAR	MAN	AVE.	21215
1	14. FA	THER'S NAME		AHDDLE	LAST	110	15 MOTHER'S MAIDEN			MIDDLE				
		SAMUEL			NORRIS		GE <b>R</b> RG.	LANN	VA	0.		100	WATE	ERS
	[7	AS DECEASED EV	(IF YES GIVE	WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT			ADDRE				
	7	ŒS	KORE	AN	212-26-8	8/6	MRS. PA	AULA	A L. I	WORRIS	3 4	110		IAN AVE.
		18 CAUSE OF DE.	ATH Enter onl	y one cause pe	r line lar (a), (b , and	- 0	Λ		.1		8.5		BETWEEN	NATE INTERVAL
			IMMEDIATI	E CAUSE (a)	Cendio	pul	may H	rve	31					
				DUE TO, C	OR AS A CONSEQUE	NCE OF )	/							
		Conditions, if or gove rise to i	mmediate	(b)_	SUM	1) .		0		7		-		
		underlying cau		DUE TO, C	ME TOSTO	NGE OF	Lung Ca	re	e-	-				
		PART 2 OTHER SI	GNIFICANT C	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMIN	AL DISEASI	E OR CONI	OITION (	GIVEN II	N PART 1:a	
J	CERTIFICATION							73						
	ICA	190 DATE OF OPER	RATION	196 CONE	DITION FOR WHICH	OPERATIO	WAS PERFORMED		20e AUTO	PSY?			RE FINDIN	GS USED OF DEATH?
	E								YES 🗌	NOX		YES [		NO 🗌
Ì		OR CONTRIBUTING			OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	CURRED	D (ENTER NA	TURE OF INJUR	Y IN ITEM I	8 PAR1	OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY M			.M.	19								
1	MED	21d. INJURY OCCL			OF INJURY	ARM, ETC )	211 LOCATION			CITY OR TO	VN		COUNTY	STATE
		AT WORK	NORK			ATTOTA	OTT TO							
			( <b>X</b> (this haspite ased alive an <u> </u> ) (did) (did nat		he deceosed Iram		ST 30 19 19 d that in (n)() (aur) opin	85 nan dea	ath occurred	SUST d an the do	30 te and h	_, 19_ laur and	fram the c	hat <b>X</b> (we) last auses stated
		226. SIGNATURE	0 1 00 /	_			DEGREE	16					22c. DATE S	IGNED
		V	Thur	,		2.17			MEDICAL DIRECTOR	STAP PHYSIC				
		22d. PHYSICIAN'S		_			220 ADDRESS	0 1	/A+	f				
		Yerri	no, n	11)			L	1	7/11					

DHMH - 16 60M 7/84 (VRA 15, 4) CREMATION 9/2/85
24 FUNERAL DIRECTOR

236 DATE

230 BURIAL, CREMATION, REMOVAL

236 NAME OF CEMETERY OR CREMATORY 236 LC
WESTVIEW MEMORIAL PARK (

23d LOCATION
CITY OF TOWN
CATONSVILLE

(BALTO.) STATE

UNERAL DIRECTOR

NAME

LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE

SEP 3 1135'

SEP 3 1985 Julia Tevidora Bandose

CT. 10 923 57 1 10 AND ACCOUNTS TO A CONTROL OF THE CON ALTO BOLLOW AVE. 21215 TANTAN .O ALAZARON BURANA III MARANA 

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	ECEASED NAME FIRST	WIDDIE	1	AST	20 DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR
	JUSTINE	Eve	NO	VAK	AUGUST 25	, 1985		1:00AM
3 5	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
	female	caucasian	1.2	24-1927 YEAR	57 yı	CS. YRS.	IONIHS DAYS	HOURS MIN.
70	TRIHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
1/2	Md.	USA	WIDOWE	_	BALTIMOF	E CITY		MD
30 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	12h KIND C	OF BUSINESS OR
BA	LTIMORE	JOHNS HOPKINS H		AL,	Seamsti		Wasse	
USU	JAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION		13e.STREET ADDRES	26 / 710 CODE	Tailo	
130	Md.	Balto.	14	YESXX NO	3240 Ke		Aver	nue 212
4. f	ATHER'S NAME	200		15. MOTHER'S MAIDEN NA	ΛE			
	Adam Popowsk:	ANDDLE EAST		Cecilia Ru	dzinski	E	LA	ST .
60	WAS DECEASED EVER IN U.S. AR			17. INFORMANT	AD	DRESS		
	ho or unknown) (IF YES GIV	215-24-8	3260	Edward Nov	ak same	addre	ess	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b) Metastalle  DUE TO, OR AS A CONSEQUE  (c)	c. 014	run Ca				js.
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIVI	EN IN PART 1	O .
ATIO	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	WERE FINDI	NGS USED
CERTIFICATION	14/83 TAH/650	Ovallan Ca			YES NOS	_ /	YING CAUSES	OF DEATH?
AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART I OR PART 2)	
DIC	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
ME	WHILE NOT WHILE D	LAT HOME STREET FACTORY OFFICE, F	ARM ETC )	STREET	CITY O	RIOWN	COUNTY	STATE
		ital) ottended the deceased fram_	08-21	85 19	10 08	23-8	19	that (I) (we) last
	saw the deceased alive an	19/2010 1/20	85.0	nd that in (my) (aur) apinian (	death occurred on th	e date and have		, , ,
	22b. SIGNATURE			DEGREE			22c. DATE	SIGNED
	Mildred Anti	wan MD		ATTENDING	MEDICAL S	TAFF	8/25	185

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FSEN 1 MURek Funeral Home, Inc.

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL 236 DATE

Burial

Mildred Sullivan

3331 Brehms Lane, Balto., Md.

8-28-85

Sacred Heart of Mary 21213

22e ADDRESS

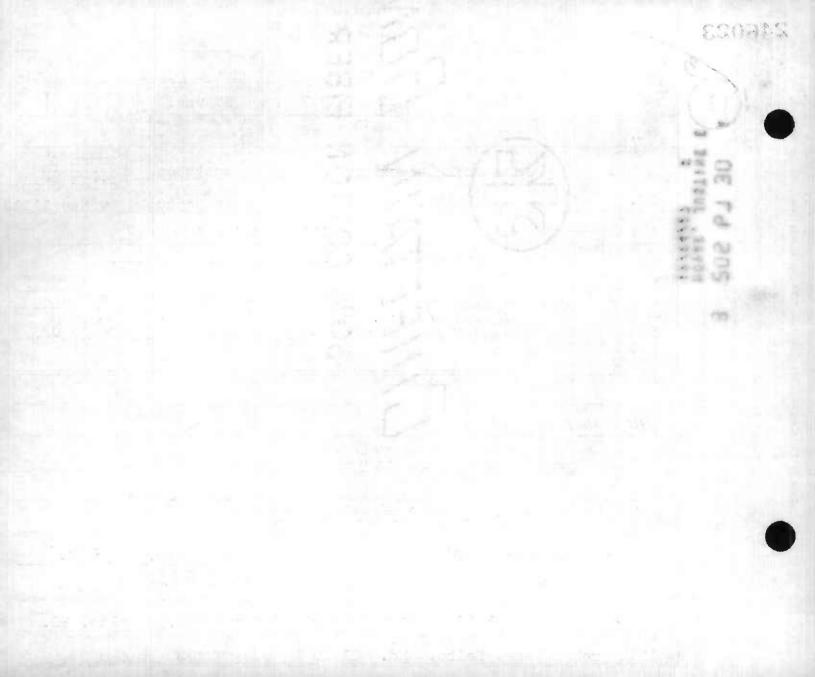
230 NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN

ATY Cem.

Balto. Md.

HOPKINS HOSPITAL



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

250 DATE REGISTRAR 250 REGISTRAR'S SIGNATURE

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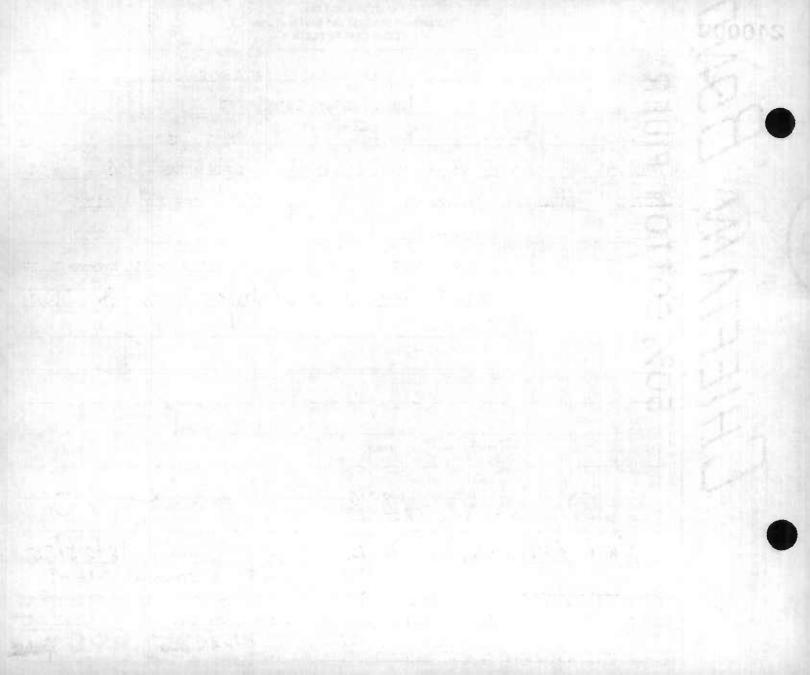
	CEASED NAME	FIRST		MIDDLE		AST		2a. DATE	OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
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7a B	WITHPLACE (STATE OF	DREIGN 7	b CITIZEN OF	WHAT COUN	TRY? 8	XX NEVER M	ARRIED -	9 BALTIA	AORE CITY	OR COUNT	Y OF DE	ATH		
MA	RYLAND		U.S.A.		WIDOWE		ORCED 🔲	BALT	IMORE	CITY				MD.
nr.c	ITY OR TOWN OF DEA	THE P		HOSPITAL, NUTHER EACHLITY, GIVE S	JRSING HOME C	R OTHER INSTI	TUTION		ORK FOR MOST			KIND O USTRY	F BUSINI	ESS OR
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	AL RESIDENCE (IF NURS	1136 COUNT		GIVE RESIDENCE		13d INSIDE CIT	Y LIMITS?	13e STREE	T ADDRESS	/ ZIP COI	)F			
MAI	RYLAND	BALTI	MORE 3	HALETH			NOXX		POPLA			212	27	
275	ATHER'S NAME	M	IDDLE	LAST		15. MOTHER'S	MAIDEN NAM	ΜĒ	MIDDLE	175		LASI		- 0
F	RANK			NOWAKO	WSKI	ANNA	m31				RA	SCH		
	WAS DECEASED EVER		NED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMAN	IT		ADDF	ESS		100		
YE		WW I	I	215-09	7837	Stella	Nowako	wski	1715	Summ	nit A	venu	ie 2	1227
3	18 CAUSE OF DEAT PART I. DEATH W			line far 101./b	or, and it	ne 040	1:0	m	ANCH	Tim.	9	APPROXI	NATE INTE	DEATH
2	7 3 4 3 4	IMMEDIATE	CAUSE (a)	vouc	1 1 1	0 0000	una.	V/\	we.	ON	+	m	new	411
			DUE TO, O	R AS A CONS	EOUENCE ON									
	Canditions, if any, gave rise to imr	mediate	(b)											
12	couse (a), statin		DUE TO, O	RASACONS	EQUENCE OF									
12	BARTA OTHER SIGN	UEIC ANIT CO	(c)	21/70/01/70/0										
Z	PART 2 OTHER SIGN	VIFICANI C	DADITIONS <u>CC</u>	DULKIBUTING	NO DEATH BUT	NOT KETATED I	O THE TERMI	INAL DISE.	ASE OR CO	ADITION G	IVEN IN P	'ARI IIo		
CERTIFICATION	THE DATE OF OPERA	TION	19h COND	TION FOR WI	HICH OPERATION	N WAS PERFOR	MED	1 20a AL	TOPSY?	70h 1F Y	ES, WERE	FINDIN	GS LISEI	D
岩	Market Street							YES	NON I	IN CERT	IFYING C			TH?
188	21a ACCIDENT WAS UNI	DERLYING	21b. TIME O	F INJURY		21c HOW INJ	URY OCCURR					PART 2)	140	
	OR CONTRIBUTING				DAY YEAR									
MEDICAL	21d. INJURY OCCUR		P.: 21e PLACE	OF INJURY	19	21f. LOCATION	V			_	-	_		
E	WHILE NOT WHAT WORK	ILE	(AT HOME STE	REET FACTORY OF	FFICE FARM, ETC.)	STREET			CITY OR T	NWC	COL	THIA	5	STATE
	220.1 certify that (I)	(this hospite	II Mended th	e dereased fr	om 19	70	. 19	to	nes	mx	10		b (1)	we) last
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	abave, (1) (we) (e	did) (did not)	view the bordy	after death.		DEGREE					220	. DATE :	SIGNED	
	Karl	R	mec	h, Si	2., M.	D AT	TENDING HYSICIAN	MEDICA	OR PHYSI	CIAN [	8	1/2	5/8	35
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	DR. KARL	MECH.S	R.	6-77		STACE	AES HOS	PITA	L	0.00			1	
	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CE	EMATORY		CATION		COUNT			STATE
	URIAL		8/28/8	35	BALTIMO	RE NATIO	DNAL CE			E	COUNT		(ARY	

21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

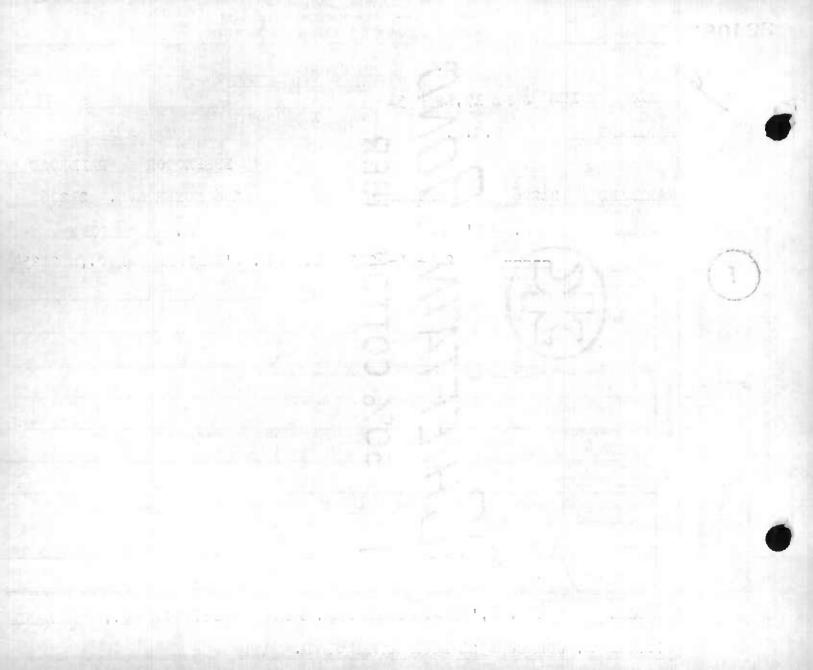
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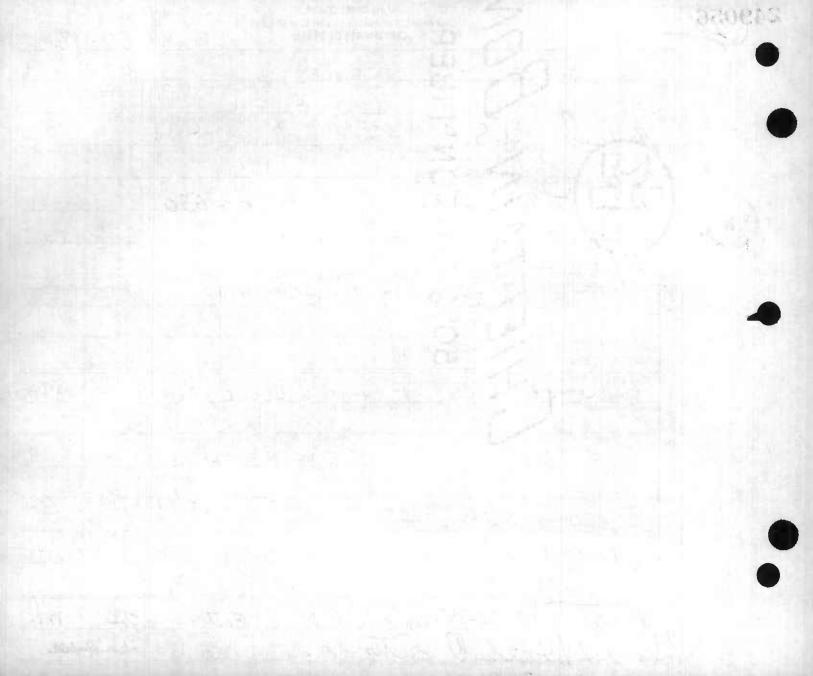
24 FUNERAL DIRECTOR



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 224083 - STATE MEDICAL EXAMINER'S CERTIFI REGISTRAR REG. NO I. DECEASED NAME FIRST 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-DEATH MATED XX Stephen O'Brennan 8 3 19 85 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY 8:05 PRONOUNCED MALE WHITE 17,1954 DEAD 5 1985 PM O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRY MARYLAND U.S.A. WIDOWED DIVORCED Baltimore City, PAGE 5 FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY RETAIN P. OULD BE P. OOLD BE P. INSPECTOR Baltimore 6206 Moyer Avenue RAILROAD ALTIMORE, MD, 2120 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE 6206 MOYER AVE. YES 21206 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST FIRST MIDDLE JOSEPH O BRENNAN ANNE CITY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 217-62-6203 DENISE M. O'BRENNAN BALTO., MD21234 NO Til CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY PRESTONS (rifle) Gunshot wound to head IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES 😾 DEPARTMENT NO T 2TO. EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 21201 PRIOR 8 3 19 85 self inflicted CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK STATE TO MEDICAL EXAMINER: THIS EXECUTETHE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER BEALTIMORE, MARYLAND, 2120 6206 Mover Avenue Balto. MD. home Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion Suicide X death resulted fram: Natural causes Accident Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL M. Assistant 8/6/85 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Baltimore, Md. TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BURIAL AUG. 8, 85 MORELAND MEM. PARK BALTIMORE CO., 07/84 BP 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE DHMH - T7 WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD. AND 7 (VR A15 ME (5))





# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE S CERTIFICATE OF DEATH

2251

4	REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.		
	1. DECEASED NAME FIRST		MIDDLE	1	AS1	2a. DATE OF DEAT	TH MONTH	DAY YEAR	2b HOUR P
	LATO	NYA LE	NETTE	0	DOM	AUGUST	13.	1985	3:32 M
	3 SEX	4 RACE		5 DATE C		6. AGE (IN YEARS IA	ST BIRTHDAY)	HUNDER TYEAR	
	Female	Blac	k	7	11 75	10	Y	RS. MONTHS DAYS	HOURS MIN.
Pi	To. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- D MENER WARRIED M	9 BALTIMORE CI			-
0	MD		USA	WIDOWE	D NEVER MARRIED X	BALTIM	ORE (	CITY	MD.
2	10 CITY OR TOWN OF DEATH			G HOME	OR OTHER INSTITUTION	12a USUAL OCCU	PATION		OF BUSINESS OR
5	BALTIMORE		HOPKIN		SPITAL	(TYPE OF WORK FOR M	OST OF WORK	ING LIFE) INDUSTRY	
4	USUAL RESIDENCE (IF NURSING HOME OF				A LOL IN ISIDE CITY I WILLIAM	La STREET ARRE	FRR ( 718 4	none.	
T V	MD 138 COO	N	Baltimor	,6	13d INSIDE CITY LIMITS?	2217 Hor	newood		21218
Ī	14 FATHER'S NAME				15 MOTHER'S MAIDEN NAM		HEWOOL	Ave.	21210
4	Lawrence	MIDDLE,	Odom J	lr.	Janie	MIDE			AST
4	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU		17 INFORMANT	A	DDRESS	arable	
4	(YES NOOR UNKNOWN) (IF YES GI	IVE WAR OR DATES)	219-84-2	427	Janie Marable	1828 F	Nonth	Λ	
Σ	IN CAUSE OF DEATH S.	-1			parite Harable	1020 L.	NOTCI		XIMATE INTERVAL
4	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	ED BY:	A	d (c	North			BETWEEN	ONSET AND DEATH
4	IMMEDIA	TE CAUSE (a)	Drac	~	M-cal al			1111	MEDITAL
-		DUE TO, O	R AS A CONSEQUE	1	1 510			2.	1
7	Canditions, if ony, which	(b)	C+16	40	1 100	wa_		000	nu J
Σ	cause (0), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE					20	NUS
2		( (c)		Kie					
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR	CONDITION	GIVEN IN PART I	la .
1	190 DATE OF OPERATION 190 DATE OF OPERATION 200 STATE OF OPERATION 200 STATE OF OPERATION 200 STATE OPERAT	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	[20b.	IF YES, WERE FIND	INGS LISED
1	1 7/29/85	To	-11	1	V	YES TO NO	INC	ERTIFYING CAUSE	
-	710. ACCIDENT WAS UNDERLYING			141	TIL HOW INJURY OCCURR	92			NO []
d	00.000,000,000,000	AIII	M. MONTH DA			(Ellientenant)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
>	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	P. 21e. PLACE		19	211 LOCATION		-		
,			REET, FACTORY, OFFICE F	ARM, ETC I	(1011)	CITY	ORTOWN	COUNTY	STATE
4	220.1 certify that (I) (this hosp	utal) attanded th	a deserved from	-C. L.	30 10 85	Aug	1	3 10 85	
ď	saw the deceased alive ai	A ~ 74 (+	- 13 10	85 /	id that in Imy (our) opinion d	eath accurred on	he date one	d how and from the	, that (I) (we) last
4	abave, (1) (we) (did) (did n	at view the bady	after deat		DEGREE				E,SIGNED ,
)	1 mls	m/	1/1/20	0-	ATTENDING		STAFF	101	13/85
1	22d PHY - LIN'S NAME (TYPE	OB PRINT)	Ot	1-	PHYSICIAN [	DIRECTOR PH	YSICIAN E	10/	10/30
ב	Car 6	M. (1)	ecale	MI	Haldalala	-1 John	s Haal	- + Hosp:	+-1
+	230 BURIAL, CREMATION, REMOVAL	1 23b. DATE	122.1	IAME OF C	EMETERY OR CREMATORY	123d LOCATION	2 1 (0)	المحوال والم	1-11
1	Burial  (SPECIEV)  Burial	8/19/8			Hill Cem.	CITY OR TOW		COUNTY	STATE
-	Darrar	0/17/0		cengi	HIII CEIII.	Anne	Arund	el Co.	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W

24 FUNERAL DIRECTOR

Wm. C. March F/H 1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 256. BECONTAR'S SENIATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

23d LOCATION

STATE

\_\_\_\_ that (1) (we) last

22c. DATE SIGNED

8-7.85

2h HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVA

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24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 

COUNTY

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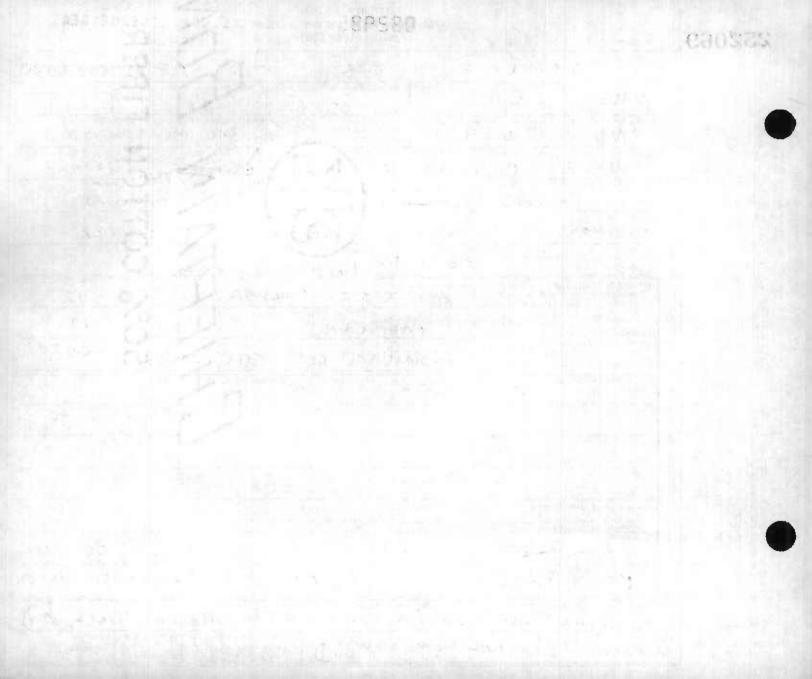
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUHYGIENE 1 - STATE REGISTRAR REG NO 238036 DECEASED NAME 20. DATE KNOWNXX MONTH (TYPE OR PRINT) ESTI S NECESSARY, PLEASE FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W PRESTON STREET, DEATH MATED O'Neill 8 - 2019 85 Joseph 4 RACE & AGE (IN YEARS IF UNDER 24 HRS 2c. DATE 3:30 57 PRONOUNCED Male White Oct. DEAD 1985 p TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City. WIDOWED DIVORCED Maryland
10 CITY OR TOWN OF DEATH N PAC. 12g. USUAL OCCUPATION TYPE OF WORK IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY 4809 Mannasota Avenue Electrician Ship Building Baltimore USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONA 4809 Mannasota Ave. 21206 BALTIMORE, MD. 21201 Md. 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST 0'Neil1 Stump The WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Yes WW 1 1 215-24-0058 James M. O'Neill Same CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULE E DEPARTMENT OF YES [] NOXX 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 2TC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2 Inquiry XX 220 I certify that I rook charge at the rumains described above, held an Autapsy Inspection Hamicide L Undetermined monner TITCE (SPECIFY) Assistant 8-21-85 EXAMINER'S NAME Dennis F. Smyth. M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Baltimore, Co. STATE Dulaney Valley 8-24-85 Burial 07/84 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Leonard J. Ruck, Inc. 5305 Harford Rd.

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DHMH - 16 60M 7/B4 (VRA 15, 4)	24 5	INERAL DIRECTOR  ON ACUSON F	UNERAL HOME	ELAURES 250. DI	3 1085 Aut Muridon	S S S IGNATURE



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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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3331 Brehms Lane, Balto, Md. 21213 AUG 21 1985 Filia Davidson-Randese							A11				andelle.	

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the haspital or attending physician.

BP.

IMPORTANT: If Nem 21 is marked at them 18 shaws any

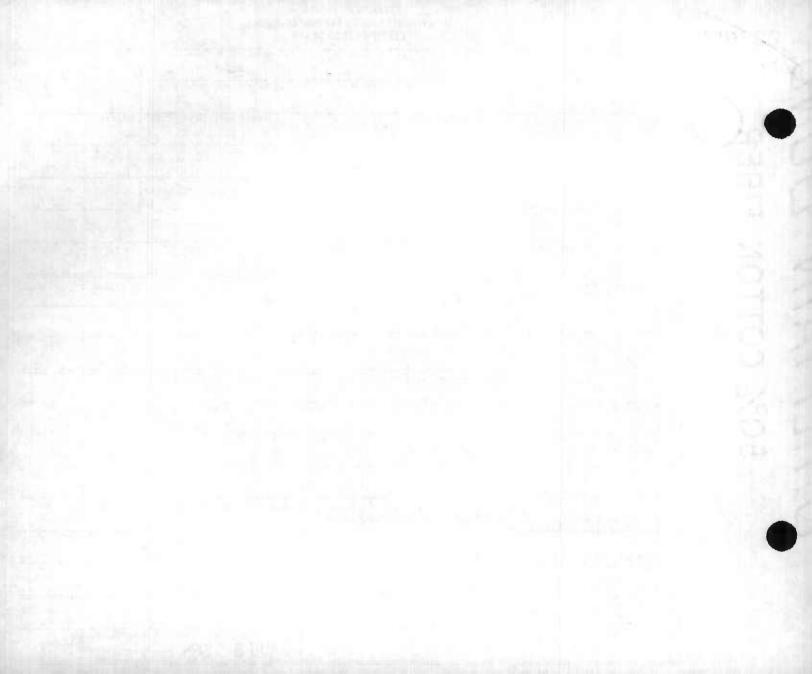
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYDIENE

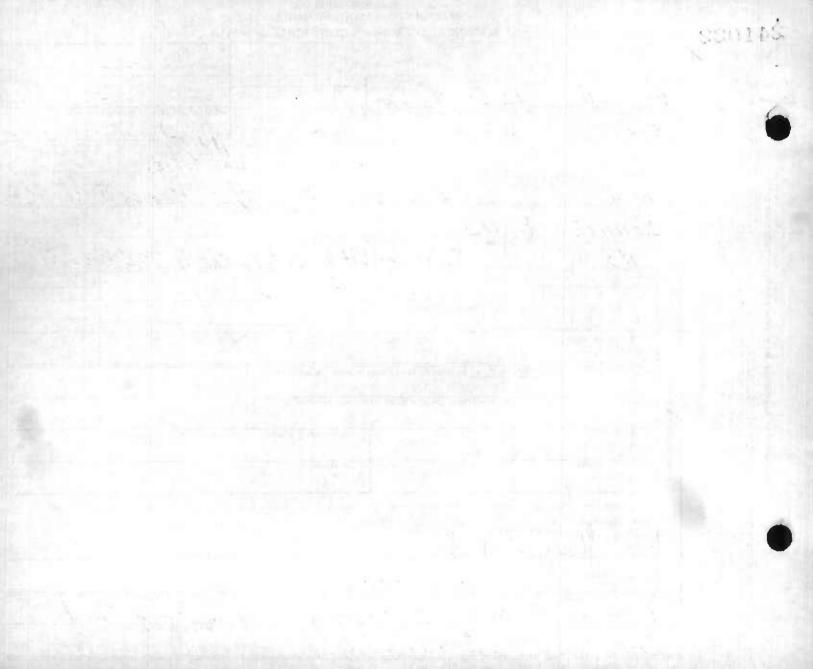
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1.	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	_		2 2 i. No.	-3 !	1
1. DE	CEASED NAME FIRST		WIDDLE	L	AST	20. C	DATE OF DEATH	H MONTH	DAY YEAR	26 HOUR
		JAMES			PAGE		<b>E</b>	8 (	6 85	7:40AM
3. SE	X	4 RACE		5 DATE C	OF BIRTH	6. AC	GE IN YEARS LAS	T SIRTHDAY)	IF UNDER I YEAR	
	Male	Blac	k	5 DATE C	9 10	) <sup>*</sup>	74	YRS.	MONTHS DATS	HOURS MIN.
	IRTHPLACE ESTATE OR FOREIGN COUNTRY) VA		WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED	D L	BALTIMO		Y OF DEATH	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	N 12a	USUAL OCCUP	ATION		OF BUSINESS OR
F	BALTIMORE CITY		ON MEMORIA		SPITAL	(117)	FOF WORK FOR MC	STOP WORKING (I	INDUSTRY	
13a	AL RESIDENCE (IF NURSING HOM STATE 136 CC		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMI YES 📉 NO 🗆	) 6	STREET ADDRES			21230
14. F	ATHER'S NAME George	MIDDLE	Page		IS MOTHER'S MAIDE	EN NAME	WIDDI	ε	Jones 1	.51
	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT		AD	505 S.	Main S	t.
	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	217-01-4	026A	Mildred P	age Zi				
CERTIFICATION	DUE TO, OR AS A CONSEQUE  Conditions, if any, which gave rise to immediate couse   a1, stating the underlying couse   last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I				NOT RELATED TO THE		DISEASE OR C		VEN IN PART 1	
TIFIC	19g. DATE OF OPERATION			0,5,11,10	THE TEN GIVIED		ES NO	INCERTI	FYING CAUSES	S OF DEATH?
MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DF INJURY M. MONTH DA M.	YEAR	21c HOW INJURY O	OCCURRED (	ENIER NATURE OF	INJURY IN ITEM 18	PART   OR PART 2)	
MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET		CITY O	RIOWN	COUNTY	STATE
	27a I certify that (I) (this his saw the deceased alive above, (I) (well (did) (did) 27b. SIGNATURE  27d PHYSICIAN'S NAME (I)  LANNETTE LI	d nat) view the bady	otter death.	<u>85</u> , an	DEGREE  ATTENDI PHYSICI 72e ADDRESS	ING ME		STAFF	ur and fram the	that (I) (we) last e causes stated E SIGNED
23a 1	BURIAL, CREMATION, REMOV	7AL 236. DATE 8/8/8			EMETERY OR CREMAT		Owing	s Mil	LIS	MD STATE
	UNERAL DIRECTOR	H 1101 E	. Norths	Ave.	25	AUG	D. BY REGISTR <b>198</b>	AR 256 REGIST	TRAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)



			500					ARYLAND	The second secon	<i>(</i> 2) 3	173	
24	4000	1-	FOR STATE					AND MENTAL	OF DEATH	201	Ö	
24	1022	) DE	REGISTRAR CEASED NAME	FIRST		CAL EXAMI		LAST	R	EG. NO.		
	X.		PE OR PRINT)			IDDEE			20 DATE KNO			2b HOUR
	LES. OR.	3 SE	C [4 RACE	ROSALIE		I in a	PA		DEATH MAT	0 2 1 00		٨
	STR STR	3 36	RACE	MON	TE OF BIRTH	YEAR LAST BIRTH		DER I YR. IF UNDE	MIN PRONOUNCED	MONTH DAY		2d HOUR
7	NO ZON	1	· N	. /.	2 30	18 66	YRS.		DEAD	8-24-85		11:0
	TIS NECESSARY PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. LED, WITHIN 72 HOURS 01 W. PRESTON STREET.	FC	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CI	TIZEN OF WHAT		8 MARRI	ED NEVER MARI	RIED I	CITY OR COUNTY OF	DEATH	
	N S S S S S S S S S S S S S S S S S S S		5,6,		4.5. A		WIDOW			nore City		WD
	Y IS	No c	TY OR TOWN OF DEA			AL, NURSING HOA	1		120 USUAL OCCUPATIO	IEE) C	CIND OF BUSTR	
	DELAY IS N TO THE FUN N PAGE 5 BE FILED, W	and the same of	altimore	725	George		•	.2A	Dom Est.	18.	17.11	231
100	AND 3 TO RETAIN PARTIES PRETAIN PARTIES PRECORES			SING HOME OR OTHER		ESIDENCE BEFORE ADMIS		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	.92	19	01
212	A S S S S		md			BALT	0'	YES NO	725 8	eoral VI	apt	124
MD. 21201	2120777	MA.F	ATHER'S NAME	MIDDE	E	TAST		15 MOTHER'S MAID	EN NAME MIDDLE	0	LAST	
	OF SESTE	1	LONNIE	K	INQ.	-					that	in i
BALTIMORE	JURS AFTER DES 18. GIVE PAGE WITH FORM. IIT. PAGES ITAN IIT. PAGES ITAN IIT. PAGES ITAN	16a.	VAS DECEASED EVER I	N U.S. ARMED FO		66. SOCIAL SECUR	ITY NO.	17. INFORMANT	7: AD	DRESS	0	101
ALT	JRS AFTER B. GIVE PA WITH FOR T. PAGES. I DIVISION		NO			414-26	-6614	VAMES &	MIKERAKT	725 hes	nal	190
	HOURS M 18. G MG WIT. P RMIT. P I.N., DIV.		18 CAUSE OF DEATH	(Enter only one o	couse per line for	(a), (b), and (c).)				nei l	APPOXIMATE TWEEN ONSET	INTERVAL
N S	¥<987:		PART I DEATH WA	AS CAUSED BY: IMMEDIATE CAU	SE (a) Arte	rioscler	otic c	ardiovasc	ular disease	DEI	WEEN ONSET	AND DEATH
STO	THIN 24 H FER ALON ANSIT PER AL HYGIEN REMOVAL		N Street	(	DUE TO, OR AS	A CONSEQUENCE	OF					
2	AL HER		Canditions, if ar		(b)							
≥	PENCHAN PENCHA		cause (a) stating		1-1	A CONSEQUENCE	OF					7
201	XECUTED WITH IG" IN PENCIL 2AL EXAMINEI 3BURIAL - TRAN AND MENTAL ATION, OR RE		lying cause last.		(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	CRTIFICATE SHOULD BE EXECUTED WITHIN ; ITING THE WORD "PENDING" IN PENCIL IN DED TO THE CHIEF MEDICAL EXAMINER AI 3 SHOULD BE USED AS A BURIAL - TRANSIT DEPARTMENT OF HEALTH AND MENTAL HY I PRIOR TO BURIAL, CREMATION, OR REMO		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	UTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN P	ART 1 Ior.			
8	AS A S A S A S A S A S A S A S A S A S	N N										
	HEA ME	CERTIFICATION	19a. DATE OF OPERAT	ION	196. CONDITIO	N FOR WHICH OPE	RATION W	AS PERFORMED?		20	AUTOPSY?	
ATI/	SHOUL CHIEF CHIEF CHIEF TOF H	E		1							YES 🗆	NOX
O.	THE WOULD BOULD B	7 8	21a EXTERNAL CAUS		216. TIME OF IN	JURY NONTH DAY YEA	21c. HC	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART T OR PART 2)		
NO NO	ARTY ARTY	MEDICAL	UNDERLYING OCONTRIBUTING C	AUSE OF DEATH	P.M.	19	"					
VISI	PR SEP	ED	216. INJURY OCCURR	ED	21e PLACE OF I			CATION				
۵	THIS CHIS CHIS CHIS CHIS CHIS CHIS CHIS C	5	WHILE NOT V	ORK	STREET, FACTOR	, rakm, eve.)		THEE	CITY OR TOWN	COUNTY		STATE
	NER: THIS CERT CATE, WRITING FORWARDED FOR PAGE 3 SH THE STATE DEP THE STATE DEP AND, 21201 PR		22a. I certify that I		remains describ	ed above held as	Autaps	y . Inspection	V -			
-	A S S S S S S S S S S S S S S S S S S S		death resulted from:	Natural caus	V		ouicide	Hamicide		and in my apinian		
	CAM D BI WITH		dedin resolied ripin.	14010101 0005	A /	LI .	ouicide		Undetermined manner	<u> </u>		
	S S S S S S S S S S S S S S S S S S S		ACTUAL SIGNATURE	OUGUNTE	1 Me	411		ASSISTA	nt		8-25-8	35
	SEA SEA	1			VIII V		M.	0	MEDICAL EXAMINER	SIGNED	374	
	A SHEET		(TYPE OR PRINT)	Marga	rita A.	Korell, M	.D.	ADDRESS 111	Penn Street			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFFER DEATH, WITH THE ST. BACKIMORE, MARYLAND, 2	23a.B	URIAL, CREMATION, RE	MONAL 236 DAT	TE , C	23¢ NAME OF C		R CREMATORY	23d LOCATION		-	
07/84	BP	1	BURLA	181:	28/85	mt.	010	TM.	Divortown Ct	mln comment	of STA	TE
25M	DHMH - 17	24 F	UNERAL DIRECTOR	4 3 4	, conden	0	and a	250. DATE	7 66	REGISTRAR'S SIGNAL	TURE	74.13
	(VR A15 ME (5))		Cocko Fu	neral He	Jun 130	4/200	nhus	(20 MIC	0 74005	Extra de	متث	



### FOR T STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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d'a	2	.)	1	7

ш		REGISTRAR CERTIFICATE OF DEATH										
Ś		CEASED NAME	FIRST	A	AIDDLE		AST		20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR	
	11111	Secretaria	THER	FCZ	Rose	DA	TENTY		AUG.17,1985		6:10AMm	
	1. SE)	K		4 RACE	NEO I	5. DATE C	5 DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
į		Female		White		7 MONTE	7 29 05		80 YRS	MONTHS DAYS	HOURS MIN.	
A	70 BIRTHPLACE (STATE OR FOREIGN			76 CITIZEN OF WHAT COUNTRY?		? 8 MARRIE	MARRIED NEVER MARRIED		BALTIMORE CITY OR COUNT	Y OF DEATH		
1		lew York		-	S.A.	WIDOWE	DIVOR	CED 🔲	BALTIMORE CITY			
				HOSPITAL, NURSING HOME OR OTHER INSTITUTION SHEACHUS GIVES IREEL ADDRESS! SHOPKINS HOSPITAL			ION	120 USUAL OCCUPATION (TYPE OF WORK FOR MAST OF WORKING LE HOUSEWITE	12b. KIND C INDUSTRY HOME	126. KIND OF BUSINESS OR INDUSTRY Home Maker		
6	SUAL RESIDENCE (IF NURSING HOME) OTHER INSTITUTION GIVE RESIDENCE BEFORE ALL IS STATE 136 COUNTY 13, CITY OR TOWN MILLERSVI.				re admissions NN ille	13d INSIDE CITY L	IMITS?	3e STREET ADDRESS / ZIP COD 1806 William Re	STREET ADDRESS / ZIP CODE 806 William Road 21108			
1	14 FA	John Mode Fodor		r	15 MOTHER'S MAIDEN NAME ROSE		MIDDLE		Masarek			
2		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECU 128-12-7								J. Tal		
		18 CAUSE OF DEATH PART I DEATH W	H (Enter or	ily one cause per	line for (a), 161, a	nd (cl.)			(2)	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
		PART I DEATH W	D BY:	ardiopu	adiopulmonary acrest			@ 0610 Am	15 mus			
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which ( 16) Meth smatte CA OF VULVA - Squamous cult								2/85		
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF								6/8		
-1		(1)										
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
1	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FI										
1	TIFIC	2/85 ELI		(F) LN	I's for Squam. Vulvar carcin			ricins	YES NOW IN CERTI	FYING CAUSES	OF DEATH?	
7	CER	210 ACCIDENT WAS UND	-	216. TIME O	FINJURY M. MONTH D	NAV VEAD	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 21		
	CAL	OR CONTRIBUTING C		ATT.		19						
	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY			EADAL ETC I	211 LOCATION STREET CITY OR TOWN				COUNTY STATE		
H	*	ORK NOTWHILE ALWORK										
		220 1 certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19										
-11		apave, (1) (we) (6	ed alive on did) (did no	t) view the bady	ofter death.			apinian de	ath occurred an the date and ha	ur and from the	couses stated	
		226. SIGNATURE DEGREE 220. DATE SIGNED  ATTENDING MEDICAL STAFF . 60 12 000000000000000000000000000000000										
		1274 PHYSICIAN'S NAME (TYPE OR PRINT)  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI									7-85	
		Mildred	1-M	CAA	Ivan		1 40 1 30	Wolfe	ST. BALT.	mu 212	10	
		URIAL, CREMATION, SPECIFY) Buria		23h DATE 8/22/8	~		EMETERY OR CREM		23d LOCATION	COUNTY	STATE	
V	24.51	INTERAL DIRECTOR					il Cemete		Binghamton	Broome		
	Ge	orge J. G.	once	4001 P4	+ ah JADDRESS		71	ZSO DATE	REC'D. BY REGISTRAR 256 REGIS	trar's signat	LIRE CANDALIS	
			once	TH TOO.	cente H	gwy Ba	alto Md	701	0 2 4 1900	and factors, a	6	

DHMH - 16 60M 7/B4 (VRA 15, 4) Specificate and account to the property of the contract of the

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#### FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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nto ann	6-40	- 0		

Э	REGISTRAR		CERTIFICATE OF DEATH REG. NO.								
	I. DECEASED NAME	FIRST	,	MIDDLE	Ĺ	ASI	20. DATE OF DEATH		DAY YEAR	2b. HOUR	
4		Inez		C		Parham	08-01-1	985		7:25 m	
4	3. SEX		4 RACE		5. DATE C		6 AGE IN YEARS LAST !		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	Female		Black		11	-5-1898	86	YRS	DATE OF THE PROPERTY OF THE PR	May.	
	7a BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
3	Virginia		USA		WIDOWE		Baltimor	e Cit	У	MD	
)	Baltimor		11. NAME OF HOSPITAL, NURSING HOM  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Belair Convales				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST			red	
L	USUAL RESIDENCE II 130 STATE MD	13b. COL		GIVE RESIDENCE BEFORE 13c CITY OR TOW Balto.,	N _		13 STREET ADDRESS 26 Abingo			1229	
	14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA			445	il a	
C	Ali	fred		Cypres	S	Marÿ	Fran		В	rown	
1	160 WAS DECEASED		RMED FORCES?	166. SOCIAL SECU		17 INFORMANT		RESS			
	No			225-42-	9795	Calvin H.	Parham,	1111 0			
	Conditions, if	ony, which	ED BY: ATE CAUSE (a)	R AS A CONSECUI	2	Congestin )	Year Fail Le Diseas	lui .	ym y-	MAIE INTÉRVAL ONSEI AND DÉATH	
	PAST 2 OTHER	SIGNIFICANT	tue Type	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	200 AUTOPSY?	20b IF YES	EN IMPART III		
7	E					THE STATE OF THE S	YES NO				
9	OR CONTRIBUTION	G CAUSE OF D	ER) P.	M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ARI 1 OR PART 2)		
	21d INJURY OC		21e PLACE	OF INJURY REET, FACTORY, OFFICE, P	ARM ETC )	211 LOCATION STREET	CITY OR	OWN	COUNTY	STATE	
	ANGELIE .	AT WORK			70-0	14_84	08=01	-85			
	sow the d	eceased alive a	n 07-18-	<b>-85</b> 19		nd that in (my) (our) apinion	death occurred on the	date and hour		that (It (we) lost causes stated	
	22b. SIGNATUR		·BB	adley	2	DEGREE  ATTENDING PHYSICIAN 3	MEDICAL ST	AFF ICIAN []	22c DATE	SIGNED 1/85	
1	22d A Toe	rt B	Bradle	y o		22e ADDRESS 4900	) Belair	Road			

23c NAME OF CEMETERY OR CREMATORY

Baptist Cem.

BP\_\_\_\_\_ DHMH - 16 50M 4/B3 (VRA 15, 4)

should be detach with the State De IMPORTANT. If H

230 BURIAL, CREMATION, REMOVAL BURIAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

John Miller, Inc., 6415 BelairRd. Balto., MD 21206

8-6-85

23b. DATE

Waverly VA.

CD. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

2 1005

the same of the same of the same of the same of

DIVISION OF VITAL RECORDS, 201 W-PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL UNGLENES

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۱	- STATE REGISTRAR		DEPARIM	CERTIF	ICATE OF DEATH	REG. N	0				
t		IRST	MIDDLE		AST		MONTH DAY	YEAR	26 HOUR		
ı	(TYPE OR PRINT) MAF	RIE Rec	gina	PA	ARIS	AUGUST 23	3,1985		09:55AJ		
ħ	1. SEX	4. RACE	1	5. DATE O		6. AGE (IN YEARS LAST BIT		JNDER 1 YEAR			
ı	Female	White		5 5	24 1915	70	YRS.	THS DAYS	HOURS AIN.		
V.	. BIRTHPLACE (STATE OR FORE		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY C		DEATH			
1	Maryland	U.S.A		WIDOW	-	BALTIMO	RE CI	ГY	MD.		
ŧ	O CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR		
1	BALTIMORE	THE J	OHNS HOP	KINS	HOSPITAL	Shipping D			ing Paint		
ľ	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	13c. CITY OR TOWN		1134. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE				
1	l Vi	Baltimore	Dundalk		YES NO X	1822 Maxw		nue	21222		
P	14 FATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA			1.6	IST.		
J	Stephen	THE SECTION OF THE SE	Drzewieck	i	Katherine			Gac			
T	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDR	SS				
1	No	r res, one war or pares	218-09-6	005	Adolph S. Pa	aris	Same	as 1	3e		
f	18. CAUSE OF DEATH	CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)							XIMATE INTERVAL		
ı		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  IMMEDIATE CAUSE (0)									
l		DUE TO, OR AS A CONSEQUENCE OF									
L		Conditions, if ony, which									
ı	gove rise to immed couse (a), stating		OR AS A CONSEQUE				2 -				
l	underlying couse	underlying couse lost. (c) Trong - Sylven source									
ı		CANT CONDITIONS (	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1	ta ·		
	190 DATE OF OPERATION  SUNTAGE  210. ACCIDENT WAS UNDERLY										
1	J 190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?			
J	3/11/35 5/4/35 CAD, CI			ی رکی	DING	YES 🔀 NO		NO 🗌			
		10. ACCIDENT WAS UNDERLYING 2 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 1						ORPART 2)			
ı	(IF EITHER, NOTIFY MEDICAL	EXAMINER)	P.M.	19							
1	OF CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL IT  21d. INJURY OCCURRED	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, FA	RM, ET [1	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE		
1	AT WORK			4	Λ.	3/27	65 10				
١	22a.1 certify that (I) (th		, that (I (we) ast								
1	above (I (we) (did)	sow the deceased alive on									
1	22b. SIGNATURE	27b. SIGNATUA DEGREE									
1	2/00	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
1	22d. PHYSICIAN'S NAME				22e ADDRESS	1					
1	7/14.	erers.			(MIC)	1400507					
	23a. BURIAL, CREMATION, RE/ (SPECIFY)				CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	c	OUNTY	STATE		
	Burial	8/27/		. St	anislaus Cem.	Baltimo			Maryland		
1	24 FUNERAL DIRECTOR Day	Ja- Duck T	na		25a DA1	TE REC'D. BY REGISTRAR	1756. REGISTRA	R'S SIGNA	TURE		

DHMH - 16 50M 4/B3

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should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If them 21 is marked or them 18 shows any in

this certificate has bee

TO FUNERAL DIRECTOR: After

(VRA 15, 4)

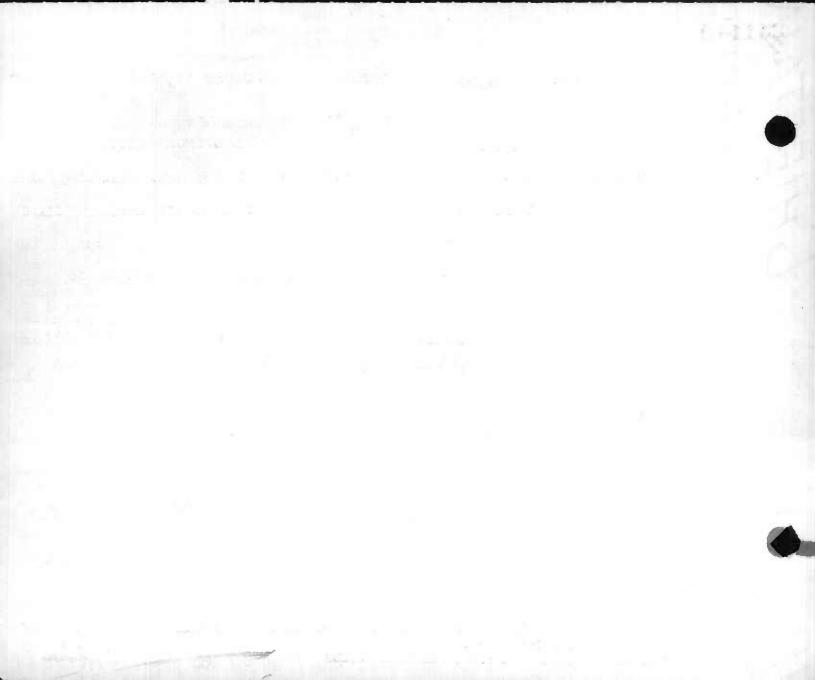
Duda-Ruck, Inc. 7922 Wise Avenue

Dundalk, Maryland

21222

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STATE OF MARYLAND

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PERCONSPICAL CONTRACT GARAGEST CANADAM GROWN CANADAM

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12 I. Sank 1,517 Park Buddelle avenue | The Grands and

256 34.415 22.06

BORNEL KAR WYKES ERWEIT

220 5 57 5 = 1. 4124 . 2 5 = 2 250 1. 10 2 . . .

115. 25, 1915 1:05

- STATE

13e STREET ADDRESS / ZIP CODE 3916 COLCHESTER ROAD MIDDLE LAST O'CONNOR ADDRESS 21229 JOSEPH N. PARKER, SR. 3916 COLCHESTER RD 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OF PART 2) COUNTY STATE and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN T185 St Ague Horpit Beuto M.P 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN COUNTY LOUDON PARK MAUS. BALTIMORE MARYLAND 8/6/85 Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B3 21229 ADDRESS (VRA 15, 4) HUSBARD FUNERAL HOME, INC. 4107 WILKENS AVE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

85

DAYS

126. KIND OF BUSINESS OR

IF UNDER TYEAR

INDUSTRY

3

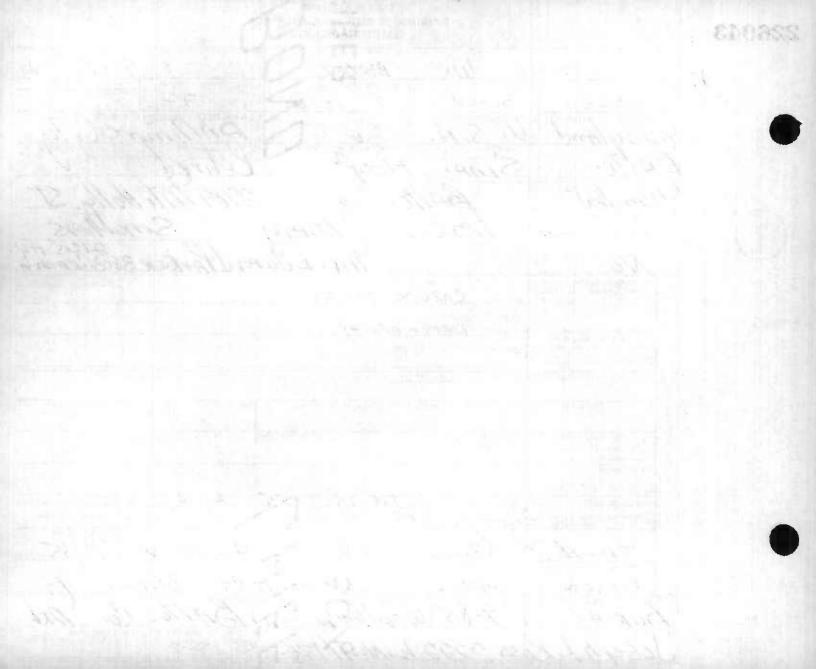
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2b. HOUR

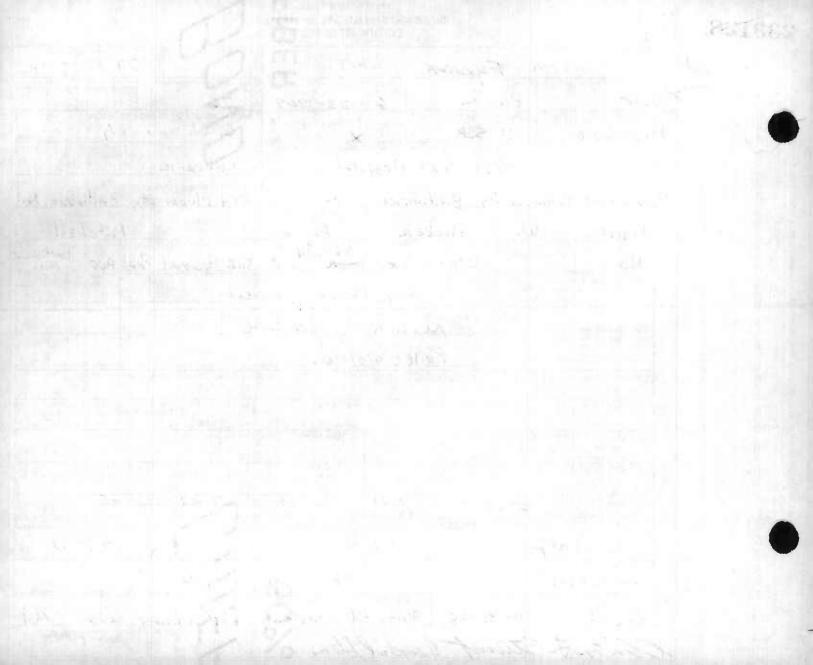
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTALINYGIENE 226043 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 2n DATE OF DEATH 2b. HOUR 1.DECEASED NAME MONTH LIVPE OR PRINTS EDWARD 4 RACE IF UNDER 24 HR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 08 MALE BLACK 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE I STATILOR FOREIGN 76. CHIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 121 LISUAL OCCUPATION 12b. KIND OF BUSINESS OR TOWN OF DEATH IF NOTH SUCH FACILITY, GIVE STREET ADDRES INDUSTRY UAL RESIDENCE (FAURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ( IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: ARREST AR DIAC IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF CARDIOMYOPATH Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [] 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 214. INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 8 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 77k SIGNATURE DEGREE TIL DATE SHONED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHY KIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b MPORT SUGARLUDF BALT MORS ENNETH 23e. BUSHAL, CREMATION, REMOVAL NAME OF CEMEJERY OR CREMATOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)



33128	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL BY ICATE OF DEATH	GIENE 2	2 3 2 :	ò
may be page 3		CEASED NAME FIRST OR PRINT)	F-URMAN	y Par	Ke V	20. DATE OF DEATH	MONTH DAY YEAR 7 27 85  THOAY) IF UNDER TYEA	E I N
Page 4 ma director, po hours after o		lale	Black	MONTH	- 22-1909	76	YRS.	S HOURS MIN.
death. Po		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED   DIVORCED		R COUNTY OF DEATH	MD
by the fu	]0. C	Balk must	11. NAME OF HOSPITAL, N HENDE INSUCHFACILITY, GIVE POUL OF A		11	120 USUAL OCCUPATION OF OF WORK FOR MOST OF LAGORE	F WORKING LIFE   INDUSTR	OF BUSINESS OR
filled in avoid be	USU. 13a S	AL RESIDENCE IF NURSING HOME OR STATE 13b COUN ARYLAND BALL	ITY 13c. CITY OF	BEFORE ADMISSION	13d INSIDE CITY LIMITS? YES NO []	130 STREET ADDRESS /	ZIP CODE	2121 MORE, NO
completely 1 and 2 sh	14. FA	JOHN I	W. PAR	Ker	15. MOTHER'S MAIDEN NA	MIDDLE	Mitch	hell
on and co		VAS DECEASED EVER IN U.S. AR. YES, NOOR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	SECURITY NO.	MEP22111 MEP22111	3112 Howard	ed Park Act	Bot Himas
physicide an paper emaval.		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (a), ( D BY: (E CAUSE (a))	valle fee	(mmary a	met	APPROBLIWEE	OXIMATE INTERVAL IN ONSET AND DEATH
hat the death ce by the attendin ase remaye carb J, cremation, or re other traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COM	et milo	ton faile	L.L.		
equires that is is a signed by Then pleas to burial, and injury, and	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	lto
te has been sit permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
certificate hurial-transit pental Hygier tem 18 shave		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEA (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTE	H DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IB PART I ORPART ?	
ter this c	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WH COUNTY	STATE
spital ar CTOR: Af Ifar use a f Health		22a.l certify that (I) (this hasping saw the deceased alive an above, (I) (we) (did) (did no	-1 ·7 ·7	~1 ~	nd that in (my) (aur) apinian	death occurred on the do	19 PS	, that (I) (we) last he causes stated
by the has ERAL DIRECT of detached State Dept.	N	878 SIGNATURE WWY	-			MEDICAL STAI	FF - 7 7	TE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be dete with the State MAPORTANT		Roul Lopez			26 60 4 her	ty Height		
BP		SURIAL, CREMATION, REMOVAL	7-31-85	al.	Hal Cemeters		sung wice	SIME
MH - 16 50M 4/83 (VRA 15, 4)	1	INERAL DIRECTOR	Stevent	General	ellan All	fe rec'd. by registrar G 1 9 1985	256. REGISTRAR'S SIGN.	AURE DEC



attending physicio

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL & CERTIFICATE OF DEATH	YGIEND 2	la de la	0
1. DECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	26 HOUR
JOHN	F.	PASKO	AUGUST 1	1 1985	6.30 P
3 SEX 4 R.	ACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DATE	AR IF UNDER 24 HRS
MAKE U	HITE	6 10 190	6 17	YRS	
TO BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)	ITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	1-1
TARYLAND II.	NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED	24 USUAL OCCUPATION	ORE C	O OF BUSINESS OR
BAITIMARICA		ADDRESS)	IT E F WORK FOR MOST O		
USUAL RESIDENCE (IF NURSING HOME OR OTHE	R INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	VIETIKE	D	212-
MARY AND 136 COUNTY	BALTIN	N 13d INSIDE CITY LIMITS	? 13 STREET ADDRESS	TITAN A	11/2/220
14 FATHER'S NAME	TOTAL III	IS MOTHER'S MAIDEN		Elou III	-
FRANK PA	SKO LAST	PAILKIN	MIDDLE		LAST
160 WAS DECEASED EVER IN U.S. ARMED		RITY NO 17 INFORMANT	ADDRE	SS	4 1 4
NO	2/203	7650 JULIA PA	SKO 18 N.	MILTON	AVE
18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY	e couse per line for 101, (b), an	d (C)		BETWE	OXIMATE INTERVAL N ONSET AND DEATH
IMMEDIATE CA		YOCARDIAL INFA	RCTION		
	DUE TO, OR AS A CONSEQUI	NCE OF			
Canditions, if any, which gave rise to immediate	(b)	KY SEVERE CORC	NARY ARTER	DISEASE	
cause (a), stating the underlying cause last	due to, or as a conseoul	ENCE OF			
(	(c)				
	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	erminal disease or coni	DITION GIVEN IN PART	110
19g DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINI	DINGS USED
FIC			YES NOT	IN CERTIFYING CAUS	ES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Sund.	
On continuous   Course or never	P.M.	AY YEAR			
~	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	wn County	STATE
WHILE NOT WHILE D	(AT-HOME, STREET, FACTORY, OFFICE F	ARM ETC }	CITOLIO		JIMIL
220 L certify that (1) (this hospital)		AUGUST 10 19 8	5 NUCUS	r 11 19 85	, that (I) (we) last
sow the deceased alive on above, (I) we (did) (did not) vie	withe bady after death.	85 , and that in (my) (our) opini	on death accurred on the do	ite and hour and from t	he couses stated
276-SIGNATURE		DEGREE	ALERICAL SYAF		TE SIGNED
O wed	the !	ATTENDING PHYSICIAN		IAN X	
224 PHYSICIAN'S NAME (TYPE OR PRIN	10 12/ W	22e ADDRESS CHU	RCH HOSPITA	AL CORPOR	ATION
1 Homas 6.	MHW	100 NORTH	BROADWAY I	BALTO., MI	D. 21231
230. BOR AL, CREMATION, REMOVAL 23	Tuling C	AME OF CEMETERY OR CREMATOR	23d LOVATION	A COUNTY	MD STATE
WILLY IAL	114/1985	DIANISKAUS	SALT!	MORE	my.
DINERAL DIRECTOR	7 KANLICKORESO		DATEREC D. BY NEGISTRAR	September 1	fanda 12

11388 THE CONTRACTOR OF THE PROPERTY 

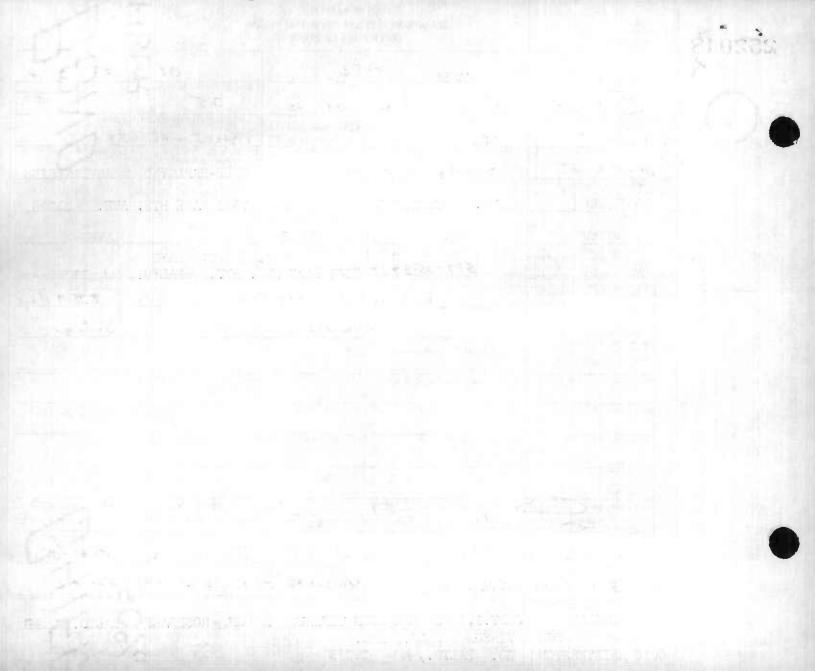
# STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	Ca (
	CEASED NAME FIRST	RE JAMES	PATZ	20. DATE OF DEATH MONTH	31 85 3 YEAR 3 YEAR
3 SEX	8 MALE	RACE HITE	5. DATE OF BIRTH MONTH DAY YEAR G ( 07 10	6. AGE (IN YEARS LAST BIRTHDAY)  75  YRS	MONTHS DATS HOURS M
C	RTHPLACE   STATE ORFOREIGN   71   12   12   12   12   12   12   12	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	
1	BACTIMAR 1	(IF NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION ADDRESS!	12a USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING SELF-EMPLOYED	
13a. S	AL RESIDENCE (IF NUI ME OR OF COUNT MARY LAND	Y I3c CITY OR TOW	IMORE YES NO X	13a.STREET ADDRESS / ZIP CO	DDE
M. FA	ATHER'S NAME FIRST NATHAN	PATZ	15. MOTHER'S MAIDEN NO FIRST MOLLIE	MIDDLE	LAVEN
	VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) IF YES, GIVE NO	SED FORCES? 166 SOCIAL SECU WAR OR DATES) 577-05-	JRITY NO. 17 INFORMANT MRS	ANNETTE PATZ S AVE BALTO	MD 21208
	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	/1 /-	ENCE OF ASCUD	tcon	BETWEEN ONSET AND DE
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 206 IF Y	GIVEN IN PART 1(0)  YES, WERE FINDINGS USED THEYING CAUSES OF DEATHS
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21% TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR		YES NO
MEDICAL	21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
1	220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we fold add not)	8/3/ 19 9	, 19 55 , and that in (my (our) opinion	to Aug 30	, that (liver)
	27h SIGNATURE SELL P	en Wohn		MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED 8/3/85
		WEGER MO		FOSPITAL OF DA	TEMOKE
(	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	SEPT.1,1985 H	AR ZION TIFERETH		COUNTY STAIL BALTO.
	UNERAL DIRECTOR SOL 010 REISTERSTOWN	LEVINSON & BROS RD. BALTO.,	175	P 5 1985 Like L	ISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP



completely filled in by the fun-rail ond 2 shauld be filed within

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TENDING PHYSICIAN The law requires that the deoth certificate be executed

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cashauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or ather troumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shows any

# DEPA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BY GIENP

CERTIFICATE OF DEATH

22528

REGISTRAR		CERTI	IICAIL OI DE	4111	REG. NO	)		
I DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	٥	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
HISKONGE	4. RACE	Po	Lyhe		6. AGE (IN YEARS LAST BIRT	9 1	1985	2:50
Male Male	Black	MONI 8	DEBIRTH  14	1 <sup>YEAR</sup>	67	YRS.		HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) A	76. CITIZEN OF WHAT COU	NTRY? 8 MARRII WIDOW	ED NEVERMA		Baltimore city of	COUNTYO	DEATH	MD.
Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GN Mercy Hospi	tal		TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	N	126 KIND O INDUSTRY	DF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COU	PR OTHER INSTITUTION, GIVE RESIDENCE INTY 13L. CITY O Balti	RTOWN	13d INSIDE CITY YES X N	0 🗆	130 STREET ADDRESS / 1213 Light		212	30
Kelly	Payne	ST	15. MOTHER'S M		WE		LAS	-
160 WAS DECEASED EVER IN U.S. A (YEY NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	0-3449	Washing		/H P.O. Box			
Conditions, if any, which gove rise to immediate couse to, storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  21d ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  196 CONDITION FOR V	IG TO DEATH BU	T NOT RELATED TO	THE TERM	Shock INAL DISEASE OR COND  1200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
RTIFIC					YES NO	IN CERTIFYIN	G CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED NOT WHILE	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY.	office FARM, ETC.) from	211. LOCATION STREET	19 <u>85</u> (r) opinion c	CITY OR TOV	. 19. te ond hour or	COUNTY	
22d PHYSICIAN'S NAME (TYPE  DANA  S	OR PRINT) SIMPLE	K	22e ADDRESS	RC4	MEDICAL STAF	AN T	. 8/7	185
230 BURIAL, CREMATION, REMOVA	8/10/85		Cemetery or cre		23d LOCATION CITY OR TOWN Tapphanr	ioek	OUNTY	VA

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP.

Wm. T. March F/H 1101 E. North Ave.

AUG 1 5 1985

USA

Mercy Hospita.

Baltimore

Payne

212-60-3449

market last I have been

Black

altimore

grab condition

MD

Kelly

Yes

- Latt 6.1 our

# 72 haurs after death use as the burial-transit permit. The Health and Mental Hygiene prior to After this certificate has been OR ATTENDING PHYSICIAN: The

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 5 2

	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
1.	DECEASED NAME FIRST		MIDDLE	i	AST	20. DATE C	OF DEATH MONTH	DAY YEAR	26 HOUR
1	SYLVAN	RICH	ARD		ARL			L985	6:29 A
3	. SEX	4 RACE	SELECTION AND ADDRESS.	5 DATE C			YEARS LAST BIRTHDAY)	MONTHS DAY	
4	MALE	WHITE		SEPT	19, 1916		68 YRS	s	
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARY LAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED		ORE CITY OR COUNTY OF COUN		MD
A	CITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSING HEACHLY GIVE STREET A	O HOME C	OR OTHER INSTITUTION		OCCUPATION  DER FOR MOST DE WORKING  LESMAN		OF BUSINESS OR
	BALTIMORE				PLTAL	SA	LESMAN	FUF	KNITURE
5			BALTIMOR	4	134 INSIDE CITY LIMITS?		APPRESS ÁZIP CO	DE #212	209
7	4 FATHER'S NAME HARRY	MIDDLE	PEARL		15 MOTHER'S MAIDEN NA EDÎTH			COHEN	AST
1.	69, WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES GI	RMED FORCES? VE WAR OR DATES}	166 SOCIAL SECUR 217-05-3		17 INFORMANT M 2906 MARNAT		BALTO., N		1209
F	18 CAUSE OF DEATH Enter of	nly one couse per	line for (a), (b), and	IC I				APPRO	DXIMATE INTERVAL N ONSET AND DEATH
1	PART I. DEATH WAS CAUSE	TE CAUSE (b)	My	ocun	in Tolumbia	_		1	51/2 hrs
1	Conditions, if any, which	1	R AS A CONSEQUE	NCE OF	1. 1			,	12/0
	gove rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF	see milan				I W S
	underlying couse lost.	(c)	Afte	N Sch	Lie Corning	Arty	Disust		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE ERA	MINAL DISEA	SE OR CONDITION (	GIVEN IN PART	10
4	<u> </u>					4.00.10			
	190 DATE OF OPERATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 COND	1 1 A	DPERATIO Lisers e	N WAS PERFORMED	20a AUT		YES, WERE FIND RTIFYING CAUSE YES TI	
7	210. ACCIDENT WAS UNDERLYING	110110	F WUURY		214 HOW INJURY OCCUP	V. A.			
1	OR CONTRIBUTING CAUSE OF DE	7417	MI MONTH DA	TEAK					
	(IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED	21e PLACE	OF INJURY	DAA STC 1	211 LOCATION		CITY OR TOWN	COUNTY	STATE
1	AT WORK NOT WHILE AT WORK	(Artionic str	CET TACTORT, OFFICE TA	um EIC J					
1	220.1 certify that (I) (this hosp	1.	/	7	19 85	, to	8/2		. that (I) (we) last
1	saw the deceased alive or above, (I) (we) (did) (did no	t) view the body		, or	nd that in (my) (our) opinion	death accurr	ed on the date and h	nour and from th	e couses stated
	226. SIGNATURE	L/m			DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF	22c DAT	S/2/exe
	22d PHYSICIAN'S NAME OF				22e ADDRESS	,	. /.	, 0	
-	XLI	100	10		Tohn		kins Hos	pth	
	30 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	AUG.4	4,1985 PH	ETACH	TIKVAH	23d. L&C	SEDALE	BALTO	. MD
2	4 FUNERAL DIRECTOR SOL	LEVINSON	BROS .	, INC	• 25a DA	TE REC'D. BY	REGISTRAR 256 REG	Section 1	
	6010 REISTERSTO	WN RD.	BALTO. N	1D 2	1215	Ub I	1985	bandson	Mandale

BALTO., MD

21215

6010 REISTERSTOWN RD.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. A should be detached for use with the State Dept of Heal IMPORTANT: If them 21 is m.

DHMH - 16 50M 4/83 (VRA 15, 4)

9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Civil\_Service 13e STREET ADDRESS / ZIP CODE 200 Crain Highway, S.W. 21061 Connor ADDRESS 760 South Mesa Rd. (Niece) Millersville, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 23, NAME OF CEMETERY OF CREMATORY RISTERSTOWN United (SPECIFY) COUNTY Aug. 13, 1985 Burial Meth. Church Cemetery Maryland Reisterstown PEGISTPAR 156 REGISTRAR'S SIGNATURA 24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

HOURS

# UNDER 24 HRS

IF INDER I YEAR

DAYS



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250	^		-	
2	2	2	3	
Cin	Course	Class	100	

	- 0	REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.				
1		EASED NAME FIRST		MIDDLE	į.	AST	2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
1	1(4)%	GEORGE	D. F	PENNIMA	NA.	JR.	77	8	23	85	6	£20
1	1 SEX		4 RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST E	IRTHDAY)		DER I YEAR	# UNDER	R 24 HRS
1		Male	Wh	ite	Mari	ch 15,1894	91	YE	MONT	DAYS	HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY			DEATH		
	C	OUNTRY)		USA	WIDOWE	D NEVER MARRIED DIVORCED	Baltimo	ore	City			AA
1	10 01	TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	11	b. KIND O	F BUSIN	ESS OF
		Baltimore		n Memor		Hospital	Executi		(G LIFE)	Mine	eral	s
Н	U5UA 13a S	L RESIDENCE (IF NURSING HOME TATE 136 CO		136. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP C	ODE			-1
2		MD -		Bal		YES 🔀 NO	301 E. H	lighf	ield	Rd.	, 2	121
	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA				LAS'	ī	
2		George [		enninmar	1	Harrie	t			Shar	ne	
1		AS DECEASED EVER IN U.S. ES. NO OR UNKNOWN)	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	301 E. AD	Righf	ield	Rd.		
1	,,	Yes W		213 18	2197	Williams .	Mrs. Ann	na S	. Pe	ennir	nan	
	7	18 CAUSE OF DEATH Enter	only one couse pe	r line for 101, (b), an	dic					BETWEEN		
V			IATE CAUSE (o)	1	COT	e 19.2.				20	CON	as
		8080	DUE TO, C	OR AS A CONSEQUE	NCE OF							
		Conditions, if ony, which	( (b)		( )		DOL 125					
ı		gove rise to immediate couse (a), stating the	DUE TO, C	OR AS A CONSEQUE	NCE OF							
		underlying couse lost	(c)_				Sec. 20					
	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM						
	0		1	RT	RACT	1 10.11	NON CON			- 41	1010	
>	CERTIFICATION	19a DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			RE FINDING CAUSES		
-	RTII	/ //		NIM		Tai nowhining a said	YES NO	1_	YES [		NO [	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DA	Y_ YEAR	21c HOW INJURY OCCUR		JURY IN ITEM	18 PART I	OR PART 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI			35 19	subject fel						
-	MED	21d INJURY OCCURRED	(AT HOME ST	OF INJURY	ARM ETC )	211 LOCATION	CITY OR			COUNTY		STATE
		AT WORK AT WORK	stre	eet		301 Highfie	Id Road L	Balti	more	, Mar		
		22a I certify that (I) (this ho	0.//		0-	19 85	, to	3	, 19		thot (1) (	
2	9	sow the deceased alive above, (1) (we) (did) (did				nd that in (my) (our) annion	death occurred on the	D (/	hour one	from the	couses st	loted
		22b. SIGNATURE	a	ma	100	DEGREE ATTENDING	MEDICAL ST	AFF	Market 1	Mr. DATE	SIGNED	4
4		THE PLANE THE PARTY OF THE PART	Dano	~ ////		PHYSICIAN [	DIRECTOR   PHYS			8/2	3/80	,
		22d PHYSICIA S NAME TY				1220 ADDRESS UNION MEMOR	TAT UCCDIM	7) T				
_		GREG E	OKROW			UNION MEMOR	TAL HUSPIT	WT.				

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation 8/26/85 Green Mount

Balto.,

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

AUG 2 6 1985 June Hauston - Hondale

raiv vitus see I i d Balts. R 'Cl E. Hichitals Ld., 21316 SC C L George B. Famura at Harris's net ... + inning Per. internation district the second value and a settle.,

Hanry M. dament a consider

Has Yers Road Hallo., ALL STATE AND SO WELL

Walter Brooks Bradley Inc. Balto., Md. 21222

(VRA 15, 4)

STATE OF MARYLAND

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	1.	FOR		DEPARTI		E OF MARYLAND EALTH AND MENTALHY	GIENE 2 2	2 5 3	4	
28029	L	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	<b>D</b> .		
60000		CEASED NAME	FIRST	MIDDLE	-	ASI	20. DATE OF DEATH	MONTH DAY	YEAR 2	7b. HOUR
e e e e e e e e e e e e e e e e e e e			LINE	CTOODMAN	POR	ZEGOFF	0	8 09	85	5:33 Am
d a	3. 56		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR			# UNDER 24 HRS
of the	1	FEMALE	CAUC	·AISAN	MONTH		4510	YRS.	S DAYS	HOURS MIN.
62 0	72.8	IRTHPLACE (STATE OR FOR		F WHAT COUNTRY?	8.		9 BALTIMORE CITY O	R COUNTY OF D	EATH	
	2	MARYLAND	US	A	WIDOWE	D NEVER MARRIED DIVORCED		171		MD.
	11111	ITY OR TOWN OF DEATH	1 11. NAME C		IG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON 121		BUSINESS OR
3 4	No	ALT CITI	(IF NOT IN	SUCH FACILITY, GIVE STREET			HOUSEWII		DUSTRY AT H	OME
1 1	Ust	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTE	ON GIVE RESIDENCE BEFORE	E ADMISSION)	4			AJ HU	JIVIE.
361	130:		LOUNTY	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		05	2109
ž C	2 14 F	M D. ATHER'S NAME	BALTIMORE	TIMONIU	VI.	15 MOTHER'S MAIDEN N		E HILL		2101
No.	ZAV -	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
/6/	14	GEORGE WAS DECEASED EVER IN	ILC ABALD LODGE	GOODMAN  166 SOCIAL SECU	IDITY NO	JEAN 17 INFORMANT	ADDRE	cc	CHASI	EN
dic		(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES				BONNIE GOOD			
E		NO		213-40-		2 WYTCHWOOD		101 #21	209	
ovol.		18 CAUSE OF DEATH	Enter only one couse	per line for (a), (b), an	id (c+.)	. ~-		_		ATE INTERVAL
emo			MEDIATE CAUSE (0).		PUL	M ARREST			1 HR	
or r ofic		The state of the s	DUE TO	OR AS A CONSEQUE	ENCE OF			200		
tian, aum		Conditions, if any, v		SEPSIS	ACI	DOSIS			HRS -	SYACI-
er tr		gove rise to immed		OR AS A CONSEQUE	ENCE OF					
oth o		underlying couse	lost.							
burio ury, o	z	PART 2. OTHER SIGNIE	ICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART Ita	
or to Vinju	CERTIFICATION									
E 6 5 G		196 DATE OF OPERATIO	DN 196 COM	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WEI	CAUSES	F DEATH?
J. ho	_ E						YES NO	YES [		NO []
8	18	210. ACCIDENT WAS UNDER		OF INJURY A.M. MONTH D	AY YEAR	71c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	TY IN ITEM 18 PART I C	OR PART 2)	
Item	18	(IF EITHER NOTIFY MEDICAL		P.M.	19			-		
N o	MEDICAL	21d. INJURY OCCURRE	LAT HOME	CE OF INJURY	FARM FTC )	211 LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
rked	>	WHILE NOT WHILE			,					
S mo		220.1 certify that (I) (th			Land I	18 82 19 85	, to 08 09	. 19 8	, th	ot (II (we) last
21.	The	sow the deceased	alive on 08 (a) (did not) view the bo		67.0	nd that in (my) (our) apinion	death occurred on the de	ate and hour and	from the co	uses stated
e b t		226. SIGNATURE	y (did not) view the bo	dy offer deom.		DEGREE		1	22c. DATE SH	GNED
φ		CR No	$\mathcal{L}_{\mathcal{L}}$			ATTENDING	MEDICAL STAI	FIANITY	08/0	9/85
Sta AN	/	22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)			22e ADDRESS	D omceron D rinsic		00 10	1
MPORTANI		NIEV I	VARMOTE	_		SINAI HOS	SP BALT	W E		
with the State	22-				NAME OF C			2		
	730	BURIAL, CREMATION, RE				EMETERY OR CREMATORY	CITY OR TOWN	cou	PTMI	MD <sup>STATE</sup>
-	24.5	BURIAL	8-11-	-85 [AR	LINGT	ON (CHIZUK AN				
M 4/83	74	UNERAL DIRECTOR SC				The second second	TE REC'D. BY REGISTRAR	0		
4)		6010 REISTE	RSTOWN RD	BALTO	MD	21215 A	116 1 7 100E	Carlia Nain	da-1 70	rada file -

FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIERE CERTIFICATE OF DEATH

REG. NO.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attituding hyston and campletely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please it may receive appears. Pages if and 2 should be filed within 72 hours ofter death with the State Depth of Health and Mental Hygiene prior to burnal, creations and account and 2.	
DIVISION OF VITAL RECO	TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attituding system should be detached for use as the burial-transit permit. Then please it may receive a poer with the State Dept. of Health and Mental Hygiene prior to burial, creations are series.	

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242084	1-	FOR STATE REGISTRAR	D	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 2	5 3 6 .
60 e de d	1. DE	CEASED NAME FIRST	WIDDLE	Perkins	2a. DATE OF DEATH	AONTH DAY YEAR 26. HOUR SAME
ricctor, page 3	3. SE	Female	1. RACE  Black	5. DATE OF BIRTH MONTH DAY YEAR 5 11 09	6 AGE (IN YEARS LAST BIRTI	
he funeral direct within 72 hours fied at ance.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	WIDOWED DIVORCED	0.11	are City MD.
by the fur	10. CI	3a.H. more	(IF NOT IN SUCH FACILITY, C	NURSING HOME OR OTHER INSTITUTION IVESTREET ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 126. KIND OF BUSINESS OR
filled in	13a. S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDE	OR TOWN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE Imondes N Are 2/22
ompletely and 2 sh	.14. FA	Ernest	Heber E	15 MOTHER'S MAIDEN N FIRST  Tuda	AME Lauis A	Tucker
n and co		VAS DECEASED EVER IN U.S. AF VES. NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166 SOC WE WAR OR DATES) 219.	- DI- 1055 Carolun	Tohnson 1	803 Edmondson Au
rificate k physicio an papers emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per line to 111 ED BY. ITE CAUSE (0)	strockert fa	ilur V De	Does Ministration of the State
hat the death cer by the attending 55e remove carba 1, cremation, or re other traumatic e		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	INSEQUENCE OF PROJECT	ne place	V
requires that the san signed by the Then please rem problems, creman injury, or other t	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TER	minal disease or cond	DITION GIVEN IN PART 100
has been price on pri	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
PHYSICIAN: The ending physicial this certificate to buriol-transit ad Mental Hyging dor tem 18 should be a property of the physicial phy		21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF OR (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MON	TH DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18. PART 1 OR PART 2)
ottendin ottentins of the this of the build we hand Me	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		CITY OR TOV	VN COUNTY STATE
Spital or CTOR. Al I for use of Health		22a I certify that (I) (this hosp saw the deceased alive or above, (M(we) (did) (did no	011100	and that in (my) (our) points	n death accurred while do	19, that (I) (we) lost te and hour and from the causes stated
AL DIRE		22b. SIGNATURE	ead M.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN .
TO HOSPITAL TO FUNERAL should be dete		J. W.	REED	6115.	CHPIS, ST	BALTS MO, 212
BP	23a. f	BURIAL, CREMATION, REMOVAI ISPECIFY) Burial	8/30/85	1236 NAME OF CEMETERY OR CREMATORY Baltimore Cem.	23d LOCATION CITY OR TOWN Baltimo	ore. Maryland
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR		25a. D/		256. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

- STATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

77-	1.05	CEACED MANE	FIRST		AIDDLE		AST		20 DATE OF DE	EG, NO.	DAY YEAR	
£		CEASED NAME OR PRINT)	FIRST				ASI				DAT TEAK	26. HOUR P
dep		CRY	STAL	NC	EL	PH	ILLIPS	a Uni	AUGUST	25, 1985		2:22 M
ter	3. SE	X		4 RACE		S. DATE C		YEAR	6 AGE IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
ta si		Female		White	9	12	2. 25	1968	16	YRS.	Days	NOOKS MIN.
3 00/4	70 B	RTHPLACE (STATE OR FO	ORE:GN	76 CITIZEN OF	WHAT COUNTRY?	8.	T NEVED MA		9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
2 70	E	kins, W.	Va.	U.S.A	4.	WIDOWE	NEVER MA	RCED	BALTIMO	RE CITY		MD.
1000		ITY OR TOWN OF DEA	тн /		HOSPITAL, NURSIN	G HOME C	The state of the s	UTION	120 USUAL OCC			F BUSINESS OR
2 2	1	BALTIMORE			HOPKINS I		TAL		Stud	ent		ic Sch.
1 2/		AL RESIDENCE OF NURSE	NG COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY	/ L IA / IT C D	LIS. STORET ADD	RESS / ZIP COD	44	440
125			-	olph		reek		IO X	20 1 //	2	26280	5 7
501	150	ATHER'S NAME	H 18	MIDDLE	LAST		15 MOTHER'S M			IDDLE	LAS	1
Mo	Bo	bby		R.	Phil	lips	Jud	ith		M.	Tenne	À
1 1/2		WAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	(fat	ther)	ADDRESS		No mark
10		No	No		None		Mr. Bo	bby F	R. Phil	lips -	Same a	as # 13
anpaper emaval.		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSE		line for (a), (b), and	leon	ornin	MAT	24 18	RREST	BETWEEN	MATE INTERVAL ONSET AND DEATH
ave carbo	17	Canditians, if any,		DUE TO, OI	r as a conseque	NCBORC	TERIA	25	EPSUS		~4	8 hours
ease rem al, crema r ather tr		gave rise to imm cause (a), stating underlying couse		)	r as a conseque					177		
Then plants or injury, or	NOI	PART 2 OTHER SIGN	IFICANT (	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE O	r condition Gi	VEN IN PART 11	0
t permit	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORM	AED	YES NO	IN CERT	S, WERE FINDIN IFYING CAUSES ES	
ntol Hygi em 18 sh		OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJU	RY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
s the bur and Me	MEDICAL	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE C	21e PLACE	OF INJURY SEET, FACTORY, OFFICE, FA	ARM ETC.)	21f. LOCATION STREET		CI	TY OR TOWN	COUNTY	STATE
for use a af Health 21 is mai		22a I certify that (I) saw the decease	d alive on	8/25	19	8 or	id that in (my) (as	19 & S	, ta <b>8</b> death occurred ar	12F In the date and ho		that (1) (we) last
detached ore Dept. IT, If Item		abave, (I) (we) (d) 27b SIGNATURE	WS.	n.	Telm	h	DEGREE ATT	ENDING YSICIAN	MEDICAL DIRECTOR	STAFF	22c DATE	25(85
th the Sto		226 PHYSICIAN'S NA	ME LTYPIG	PRINT)	mark	N	JOHN.		100	HOSPIT	W. 181	MALI
5 3 ≧	72-	RUPIAL OPERATION S	DE MONTAL	Took DATE	192. h	LAME OF C	EMETERY OR COS	TILL A TORN	234 LOCATIO	NI.		

(BP) DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

Burial Fleming Funeral Service - Benson, Md.

Phillips Family

Adolph Randolph BY REGISTRAR 256. REGISTRAR SHORATUR

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226	2020	1-	FOR STATE			EPARTMENT O	F HEALTH	ARYLAND AND MENTAL H		2 2	5 3	8			
مبدر	Adon	1.65	REGISTRAR	FIRST		MEDDIE	NER'S	ERTIFICATE O			EG. NO.	12	955	al Di	
			CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST		OF EST	NN X MONI	TH DAY	YEAR	2b. HOUF	
	PLEASE ECTOR. R FILES. HOURS STREET			SEAN		ALEC		IASKOWSKI		DEATH MATE	ED 🗆 8	7	19 85		
	STATE	3. SEX	4. RACE		ATE OF BIRTH	6 AGE (IN		DER I YR. IF UNDER		DATE	MONT	H DAY	YEAR	2d HOU	
	8388°	Marie .	ale Cau		4 6	'71 14		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DEAD	8	7	1985	9:45	
	SAN SERVICE		RTHPLACE (STATE OR REIGN COUNTRY)	7b. C	ITIZEN OF WHA	AT COUNTRY?	8 MARR	IED NEVER MARRI	ED X	BALTIMORE	CITY OR COU	JNTY OF	DEATH		
	2275		Maryland		U.S.A WIDOWED DIVORCED Baltimore City									WE	
07/84 25M	SHAD S	10 C	TY OR TOWN OF DEA		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (TYPE OF WORK  FOR MOST OF WORKING LIFE)						ak 12b K	OR INDUSTRY			
	Spare O		Baltimore	U	University Hospital (STU)  Student										
5	103 21	SUAL RESIDENCE (IF IN NURSING-HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13c. STATE    13b. COUNTY   13c. CITY OR TOWN   13d. INSIDE (IIY LIMITS? YES   NO   TOWN   13d. INSIDE (IIY LIMITS? YES   NO   TOWN   13d. INSIDE (IIY LIMITS? YES   NO   TOWN   NO   TOWN   13d. INSIDE (IIY LIMITS? YES   NO   TOWN   NO   TO										Balti	more		
212	ES TEST	Ma	aryland	Baltin	more			YES NO	6902	Brentw	rood Av	re.	Md. 2		
8	1330	IL F	ATHER'S NAME	MIDE	DIF	LAST		15 MOTHER'S MAIDE	NAME	MIDDLE			LAST		
m,	38-760	V	Stanley	M		Piasko	wski	Cecilia		MIDDEL		Pi	askow	ski	
WO	SECOND /	16a A	VAS DECEASED EVER I	N U.S. ARMED F		16b. SOCIAL SECUP	RITY NO.	17 INFORMANT		ADI	DRESS 69	002 P	Brentw	hoos	
ALT	A PACE A	1	No	( 1 120, 0 112 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1				Stanley M	. Pias	kowski	- Ba	ltim		Md	
	888 F 70		18 CAUSE OF DEATH	1 (Enter anly ane	couse per line fe	or (o), (b), and (c).)						100	APPROXIMATE	INTERVAL	
NS	EN I HO	100	PARTIDEATH WA	AS CAUSED BY: IMMEDIATE CAI	USE (a) Cr	anio-cere	bral t	trauma				34.		AND DEATH	
STO	N A I O A I		1100	(	DUE TO, OR A	S A CONSEQUENC	E OF		A. A.		3 - 40				
9	ALAS	1	Canditians, if a		(b)										
3	WALE TREE	1	cause (a) stating lying cause lost.		DUE TO, OR A	S A CONSEQUENC	E OF							1111	
20	SAREN	-			(c)										
ORDS	JLD BE EXECUTED WITHIN 24 HOW PENDING" IN PENCIL IN ITEM 1 FEMINER ALONG TO AS A BURIAL - TRANSIT PERMI HEATH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.	z	PART 2 OTNER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TO	RMINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a).						
REC	S CERTIFICATE SHOULD BE E RITING THE WORD "PENDIN ROBED TO THE CHIEF MEDIC E 3 SHOULD BE USED AS A E DEPARTIMENT OF HEALTH 01 PRIOR TO BURIAL, CREM	CERTIFICATION	19a, DATE OF OPERA	TION	TIPL CONDITION	ON FOR WHICH OP	ERATION W	AS PERFORMED?				20	AUTOPSY?	>	
IAI	SHOUL CHIEF E USED T OF H URIAL	F	381111570									10			
<u> </u>	WE SE	ERT	21a. EXTERNAL CAUS	EWAS	21b. TIME OF I	njury Month day ye	21c H	OW INJURY OCCURRE	D LENTER NATI	URE OF INJURY IN	ITEM 18 PART I OF	R PART 21	YES 🗶	но 🗌	
0	ITIFICATE TO THE HOULD B ARTMEN		UNDERLYING CONTRIBUTING	R ALICE OF DEATH			AR								
SS	SHOON	MEDICAL	214 INJURY OCCURR		21e PLACE OF	INJURY (AT HOME.	21f. LO	cyclist st	LUCK L	by auto	•				
DIA	S CE SCE	ME	WHILE NOT N	WHILE X		RY, FARM, ETC.)		TREET		ITY OR TOWN		COUNTY	140	STATE	
	R: THIS CERT NE, WRITING DRWARDED 1 DRWARDED 3 SH E STATE DEPA D. 21201 PR	1	AT WORK - AT WO	ORK	ro	ad	ISN	yder Ave. n	near B.	rentwoo	od Ave.	. , Ba	ilto.	MD	
	A SE	4	22a I certify that I	taak charge af th		ibed abave, held an	Autop		· 🗀 .	Inquiry .	ond in my	apinion			
	A PER	1	death resulted from.	Natural cou	ises L.,	Accident X	Suicide	, Hamicide .	Undeterm	ined manner	L.,				
	S S S S S S S S S S S S S S S S S S S		ACTUAL A	NAN	Non			TITLE (SPECIFY)			DA	TE O	0 05		
4-17	ZHE SHE	1	SIGNATURE	IVV	YXV		M	Assistant	MEDICA	LEXAMINER	SIG	NED 8-	-8-85		
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM, TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARTENALD.	1	EXAMINER'S NAME	Ann M.	Dixon,	M.D.		111 P	enn S	t., Bai	lto.MI	21	1201		
	O S S S S S S S S S S S S S S S S S S S	730 B	(TYPE OR PRINT)			23c NAME OF C	EMETERY C	ADDRESS							
		(:	Burial		10/85			aus Cemeter	23d, LOCA CITY OR T		Baltom	OUNTY		ATE	
	BP	24 F	UNERAL DIRECTOR	- 0/	10/03	50. 50	anisi		REC'D. BY RE		BEGINAR'	S SIGN	MURE _	d.	
	DHMH = 17 (VR A15 ME (5))	W	alter Dabre	owski -	1005 Du	ndalk Ave	212	1 1110		385	he bevid	1000-1	andell		
	( ( ) ) )	1	TTOL DUDI	0 110 117	2000 00	THE TITLE	, 212		-						

E Estats H.

o, LU/So st. Stanislans eneters

Halter Dabrotski - 1905 bundalk Ave, 21220 - AUD &

x asol Erentwood ave. No. 21222

Jar Leamore,

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Standey H. Plas tows di -

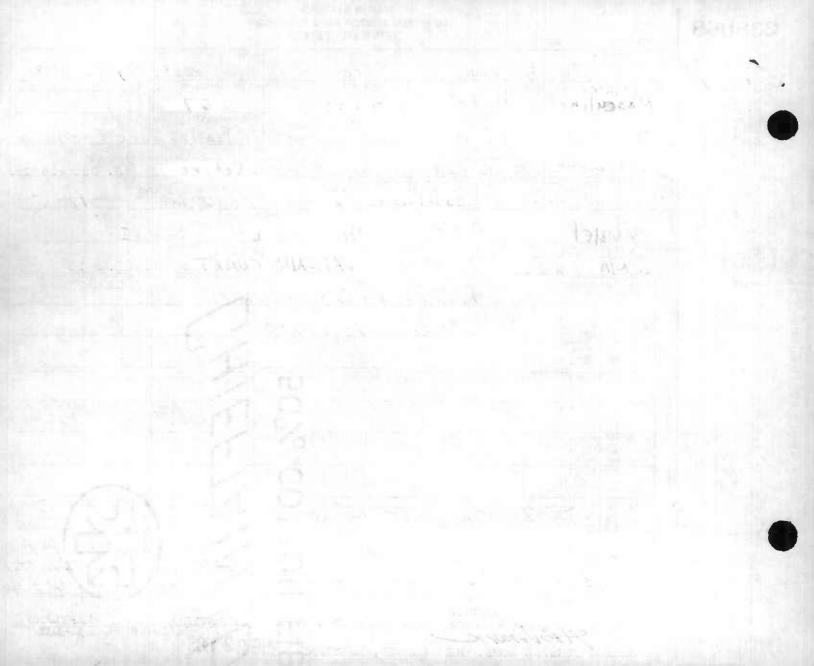
Male Cauc.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

DIVISION OF

SINGLETON FUNERAL HOME, GLEN BURNIE, MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	2	C	de	U	
REG.	NO.		100		

1 DEC	EASED NAME FIRST	MIE	DDLE	LA	IST			EATH MONTH	DAY YEAR	26 HOUR	
	OR PRINT)					CD				4:15 P.	
3. SEX	JOSEPH	F. P.		IETROPAOLI, SR.		SI.	AUGUST 28 1985		IF UNDER I YEAR	IF UNDER 24 HRS	
	MALE			SEPT	SEPT. 6 1922			YRS	MONTHS DAYS	HOURS MIN.	
	THPLACE (STATE OR FOREIGN				NEVERA	AARRIED 🗆		CITY OR COUNT			
	PENNA.	USA WIDOWED				VORCED	BALTIMORE CITY				
	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  3849 SHANNON DRIV				TITUTION	USUAL OC LITPE OF WORK FO ELECT	CUPATION OR MOST OF WORKING I RICAL		126 KIND OF BUSINESS OR INDUSTRY TATE-ANDALE	
JSUAI 30 ST	L RESIDENCE (IF NURSING HOME C TATE 138, COL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)			136 INSIDE C	ITY LIMITS?		BLER DRESS / ZIP COD SHANNOI		E 21213	
14 FAT	THER'S NAME					MAIDENNAM		BIIANNO	IA DICTAL	21213	
Acres -	INCENZO	A	MAS	LLI							
(YE		RMED FORCES? 166 SOCIAL SECURITY NIVE WAR OR DATES) 175-14-662			ROSE	PIETRO	SAME ADDRESS				
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	only one couse per liseD BY.  ATE CAUSE (o)	ne for (a), (b) gno	dic V	ien 1	uth	kela	Luxas	APPROXI BETWEEN	MATE INTERVAL	
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c)	AS A CONSEQUE		NOT RELATED	TO THE TERMI	NAL DISEASE (	or condition G	IVEN IN PART 11	2	
CERTIFICATION	90 DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATION	N WAS PERFO	RMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO				
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M	. MONTH DA		21¢ HOW IN	JURY OCCURR		RE OF INJURY IN ITEM 18		ПО	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF		ARM, ETC.)	21f LOCATIO	DN	(	CITY OR TOWN	COUNTY	STATE	
	220. I certify that (I) (this has saw the deceased alive a obove (I) (we) (did) (did n	n 8-2.	19	55_, on	d that in (my)	19	to	on the date and ha		that (I) (we) lost couses stated	
	226. SIGNATORE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DOMESTICAN PHYSICIAN									
	Dr. Seymo	1900 E. Northern Parkway									
	JRIAL, CREMATION, REMOVA PECIFY) Burial	3/31/8		Arkwo	od	REMATORY	23d LOCATI	altimor	ecounty	Mä.	
24 FUI	NERAL SEHIMunek 3331 Breh	Funera	1 Home , Balto	Inc.	. 212			SISTRAR 25b. REGIS			

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as with the State Dept. of Health



FOR - STATE BABY GIRL PITTER

RABY

DECEASED NAME (TYPE OR PRINT)

COUNTRY

FMALE

TO BIRTHPLACE (STATE OF FOREIGN

MARYLAND

CITY OR TOWN OF DEATH

STATE OF MARYLAND -DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH 2h HOUR IF LINDER 24 HRS 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR YEAR BALTIMORE CITY OR COUNTY OF DEATH DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY N/A

8032 CROSS CRIEKK ARIVIN- 21061

LTIMORIZ AGNIES AL RESIDENCE (IF NURSING HOUSE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 6-ChN BURNIE 4 EATHER'S NAME

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), (

Th CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Pitter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO

N/A

EXTREMIZ

17. INFORMANT

NO [

15. MOTHER'S MAIDEN NAME

LBARA

TAAM

13e.STREET ADDRESS / ZIP CODE

(unknown)

IMMATURITY

WIDOWED

Michael Pitter

ADDRESS 8022 Cross Creek Dr. Glen Burnie, Md. 21061 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse

Michael

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

774 PHYSICIAN'S NAME LITTE OF PRINTS

190 DATE OF OPERATION

21d INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.

21e. PLACE OF INJURY

19 211 LOCATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

28e AUTOPSY?

NOF

CITY OF TOWN

(our) opinion death occurred on the date and hour and from the couses stated

COUNTY

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on, 22b SIGNATURE

M.D

AT HOME STREET FACTORY OFFICE FARM ETC )

22e ADDRESS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

CERTIFICATION

(SPECIFY) BURIAL 8/14/85

NEW CATHEDRAL

23c NAME OF CEMETERY OR CREMATORY

DEGREE

WITZKE F'L HOME 1630 EDMONDSON AVE. 21228

SILVERMAN

23b. DATE

250. DATE REC'D. BY REGISTRARI25b. REGISTRAR'S SIGNATURE

Fichia Davidson Bando

DHMH - 16 50M 4/83 (VRA 15, 4)

should be deto

IMPORTANT:



219088

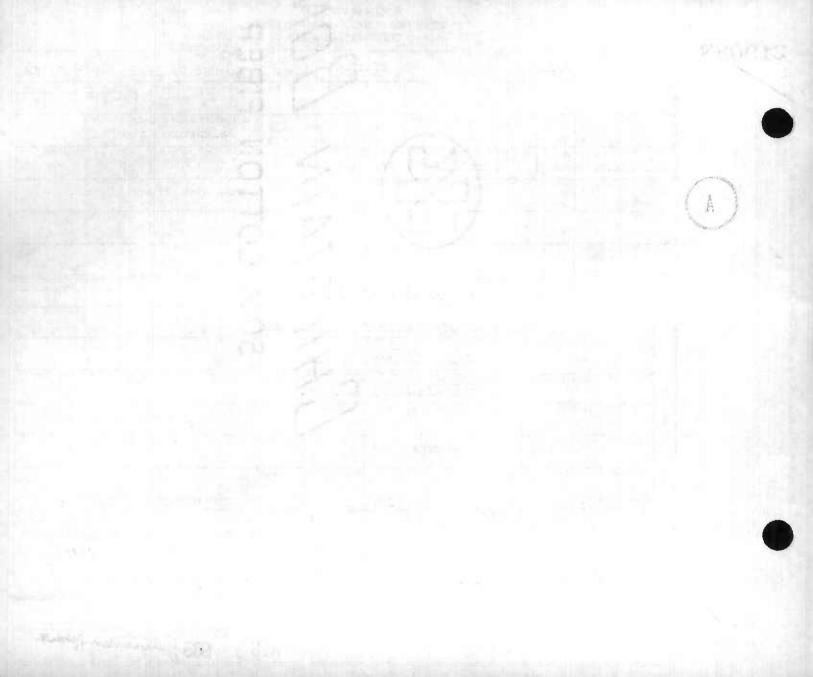
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	

22542

A		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	0.			
		CEASED NAME OR PRINT)	Willi	- m	uis		TTMAN	Sr.	August 2		DAY YEAR	3:09P <sub>M</sub>	
	3 SEX	× Male		RACE Blac	k	S. DATE C		YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
2		RTHPLACE (STATE OR FO			USA MARRIED ** NEVER MARRIED !  WIDOWED DIVORCED [				9 BALTIMORE CITY C Baltimo	MD.			
2	Ва	TY OR TOWN OF DEA		(IF NOT IN SUC	yland Ge	eneral	NG HOME OR OTHER INSTITUTION TABORESS) TABORESS) THOSPITAL  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W					PF BUSINESS OR	
CAR	13ar5	AL RESIDENCE (# NURSI STATE MD	13b. COUN	OTHER INSTITUTION TY	Baltimo	ORE ADMISSION) WN DTE	13d INSIDE CITY I		13. STREET ADDRESS 2330 Alke	St.	21218		
,	14 FA	William	,	VIDDLE P	ittman		15 MOTHER'S MA		MIDDLE		House	ī	
		VAS DECEASED EVER I		MED FORCES? ( WAR OR DATES)	237-30-		Sarah E.	Pitt	cman 2330 A		St.		
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY:  Wentricular fibrillation  IMMEDIATE CAUSE (a)										MATE INTERVAL ONSET AND DEATH	
	NC	Conditions, if any, gave rise to imm cause tal, stating underlying cause  PART 2. OTHER SIGN	lediate g the lost	DUE TO, OI	R AS A CONSEQUENCE OF THE CONTRIBUTING TO	A CONSEQUENCE OF CULTE MYOCARdial infarction  A CONSEQUENCE OF COMMITTEE ACTION  RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GOVERNOR FROM THE TERM					EN IN PART 110	3	
7	CERTIFICATION	190 DATE OF OPERAT	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORME	D	YES NO	IN CERTIFYING CAUSES OF DEATH?				
7	MEDICAL CER	21a, ACCIDENT WAS UND OR CONTRIBUTING C. LIFETHER NOTIFY MEDIC 21d, INJURY OCCURR	AUSE OF DEA	HOUR A.	M. MONTH [ M.	19 21f. LOCATION			ED (ENTER NATURE OF INJU		M 18 PART   OR PART 2)  COUNTY STATE		
	N	220.1 certify that XI saw the decease abave, (1) (XI) 1 dd 22b. SIGNATURE	(this haspit	all attended the August	e deceased fram		nd that in (my) Xur	9 apinion d	August	ate and haur	and from the	SIGNED	
	PHYSICIAN S NAME (TYPE OR PRINT)  Cedric Bryan, M.D.  PHYSICIAN DIRECTOR PHYSICIAN COMPANY COM										8/2, ital	785	
	(	urial, cremation, r specify) Burial	REMOVAL	8/8/85	230	NAME OF C Pittma	n Cemetei	AATORY	23d LOCATION CITY OF TOWN Tillery		COUNTY	N.C.	
		INERAL DIRECTOR  NAME  M. C. March	n F/H	1101	E. Nort	h Ave.			G 5 1985	25) REGIST	RAR'S SIGNAT	bildett.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If them 21 is marked ar them 18 shaws any



BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 4	3	
		OR PRINT)  OR PRINT)  JOSEP	MIDDLE		AST TAAA AT	20 DATE OF DEATH MO		26 HOUR	
	3 SEX		MINE I4 RACE	5. DATE C	rman DE RIPTH	AUGUST	22,1985	0	M
P		EMALE	WHITE		7. 7 1906	78		MIN.	
1	7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR		Н	
10	40	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWE		BALTIMORE (		ND OF BUSINES	MD.
9	BA	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE UNION MEMORIAI	HOSP		TYPE OHOUSEWIFE		TRYHOME	
E	13a S MA	ARYLAND 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 134 CITY OR TON BALTIMOR	WN	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / Z 116 W. UNIVI	IP CODE APTERSITY PK	1316(	21210)
no	14 FA	THER'S NAME BERNARD	LEVY ST		EVA	ME MIDDLE	KAUF	MAN	
1		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 063-3:8-2		JACK PLATMAN	ADDRESS		APT : 13	18,
		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE  OUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  OUE TO, OR AS A CONSEQUE  Alguitte  Oue TO, OR AS A CONSEQUE  (c) Small	JENCE OF	are t	Notes ( 1 mg	E Cene	PPROXIMATE INTERV. WEEN ONSET AND DI	AL EATH
10	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	200 AUTOPSY?	TION GIVEN IN PA		12
7		21a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE-		DAY YEAR	216. HOW INJURY OCCURE	YES NO	YES	NO [	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC )	ZII LOCATION STREET	CITY OR TOWN	COUN	TY STA	NTE STE
		220.1 certify that (1) Ithis hospi	ital) attended the deceased from.	35 . or	d that in (my) (our) opinion o	death occurred on the date	22 1985	that (1) (we	
1		22b SIGNATURE	- he k	ans !		MEDICAL STAFF DIRECTOR   PHYSICIA		/22/85	
		WARREN ROSS,			3900 N. CH	ARLES ST.	BALTO., N	1D	
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1110 00 1000		WKTERYMUNO) ATORY ON CEMETERY	236 LOCATION CITY OF TOWN BALTIMON	RE, MD.	STA	TE.
	24 FU	INERAL DIRECTOR SOL L	EVINSON & BROS. N RD. BALTIMORE,		25a DATI	E REC'D. BY REGISTRAR 251		NATURE	

BALTIMORE

CHARLIE

FIRST

3. SEX M

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUHYGIENE

0	9	5	4	3
60	l'a	100		

TATE EGISTRAR			CERTIFICATE OF DEATH REG. NO.							
ASED NAME	FIRST	WIDDLE	IASI	20 DATE OF DEATH	MONTH	DAY	YEAR	AR 26 HOU		
PRINT)	MARVIN	R	PLEDGER SR			8	3	85	8:10	) P.
51-11-		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
ALE		BLACK		925	59	YRS	MONTHS	DAYS	HOURS	MIN.
PLACE (STA	ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVER MARRI	ED 🗆	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

70 BIRTH NORTH CAROLINA U.S.A. WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OT IN SUCH FACILITY, GIVE STREET ADDRESS

VAMC, Baltimore, Maryland

LAST

PLEDGER

BALTIMORE CITY

INSIDE CITY LIMITS?

126. KIND OF BUSINESS OR AMSTAR CORP

MARYLAND	NURSING HOME OR OTHER INSTITUTION	BALTIMORE	13d YE
14 FATHER'S NAME			15

MIDDLE

516 LOUDEN AVENUE NO F S MOTHER'S MAIDEN NAME

MIDDLE DANTELS A .

WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) YES WWII

166 SOCIAL SECURITY NO 17 INFORMANT

516 LOUDEN AVENUE

13e STREET ADDRESS / ZIP CODE

ADDRESS

245-20-0056 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE A CONSEQUENCE OF mauoun Conditions, if any, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION

MARY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURAL INJURY IN ITEM 18 PART LOR PART 2

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC ) NOT WHILE 220 | certify that (this haspital) attended the deceased from

23b. DATE

8-9-1985

211 LOCATION

CITY OR TOWN COUNTY STATE

sow the deceased alive on AUGUST 3 obove XXwer (did) (dix XX view the bady after death

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

VAMC, Baltimore, Maryland

230 BURIAL CREMATION REMOVAL BP.

MEDICAL

ŏ

MPORTANT

23c. NAME OF CEMETERY OR CREMATORY GARRISON FOREST

DEGREE

23d LOCATION CITY OR TOWN BALTIMORE

and that in (XX (aur) opinion death accurred on the date and hour and from the causes stated

COUNTY STATE COUNTY

74 FUNNOLPTERO SONS FUNERAL HOME INC. 2501 GWYNNS FALLS PARKWAY

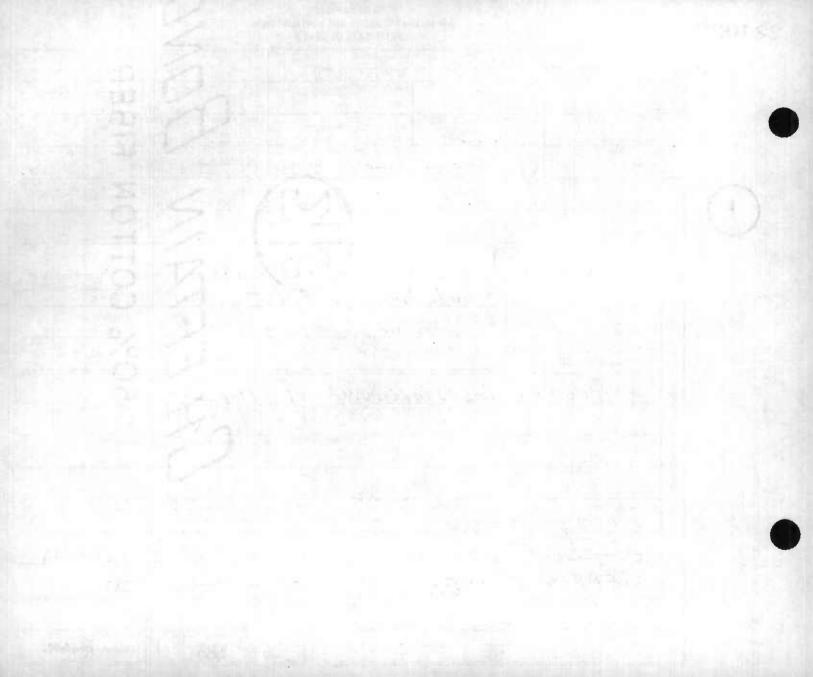
DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

ould be

DIVISION OF VITAL RECORDS,

250. DATE REC'D.



240123	1 -	FOR STATE REGISTRAR	D	EPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIDIE - 2 Z	2 5 6		
4		CEASED NAME FIRST	WIDDLE		LAST	MONTH DAY	YEAR	2b HOUR	
noy be poge 3	LITTE	ANNE	K. PI	LUNKE	August 23	, 1985	1	9136 am	
moy po fer d	3 SEX	(	4 RACE	5. D	ATE OF BIRTH	6 AGE (IN YEARS LAST PIRT)	DAY) IF UN	VDER I YEAR	IF UNDER 24 HRS
s of	,	Female	White Dec. 6, 1925			59	YRS MONT	HS DATS	HOURS MIN.
room hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?	ARRIED MEVER MARRIED	9 BALTIMORE CITY OF		DEATH	
Les 72		MD	USA		DOWED DIVORCED	Baltimo	ore Cit	У,	MD
P	10. ⊂1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPATIO		2b. KIND OF	BUSINESSOR
10 11 90		Baltimore	Good Sam	aritan	Hospital	Homema	aker	Own	Home
thin 24 hour	13a S	TATE 136 COUNTAINS HOME OR 1376 COUNTAINS MAN. 1386 COUNTAINS MAN.	to Tp	vson	13d INSIDE CITY LIMITS? YES NOX			pad, 2	21204
P P	1/	William H.	Y. Kniaht	LAST	Roberta	MIDDLE	Dor	sch	
d centers 1		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOC	AL SECURITY		ADDRES		SCIT	
Poge Poge	10	ES, NO OR UNKNOWN) (IF YES GIVE	722	12 312	9 Mr. Timo	thy Plunkett		Same	
sicior pers.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED							ATE INTERVAL
physic npape ma			BY: E CAUSE (o)	ic SI	pok				hrs.
that the death ceid by the attending ease remove carbo		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CO	any tr	act infection	sar compou		96	hrs.
gnec gnec burn ry. o	_	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT	NG TO DEAT	BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN I	N PART 110	
requents	10		ompromise						
The low cion.  e hos be sit permit giene prin shows on	CERTIFICATION	190. DATE OF OPERATION		WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	G CAUSES (	
g physicio g physicio certificate F rial-transit entol Hygie		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		TH DAY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	IN ITEM 18 PART I	OR PART ?)	
attendir ter this s the bu h and M	MEDICAL	21d. INJURY OCCURRED  WHILE ONOT WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTOR		216 LOCATION STREET	CITY OR TOW	IN	COUNTY	STATE
ATTENDIN spitol or CTOR: At I for use of Healt		220. I certify that (1) (this hospit saw the deceased alive an above (1) (we) (did not		3 11 0111	ond that in (my) (our) apınıa	n death occurred on the da	te and hour onc		
by the ho by the ho ERAL DIRE State Depti		226. SIGNATURE	P. Book			MEDICAL STAFF	ANX	8.23	
TO HOSPITAL retained by the Stove with the State MAPORTANT:		Barry W. T				Samaritan   Brasfield . A		al	
5 5 5 € 3 ₹ §	23a B	URIAL, CREMATION, REMOVAL	236 DATE	23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION		UNTY	STATE
BP		Burial	8/26/85	Gre	en Mount	Balto.,	CO	V	ND "IN

21212

juna Davidson- Mandale

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

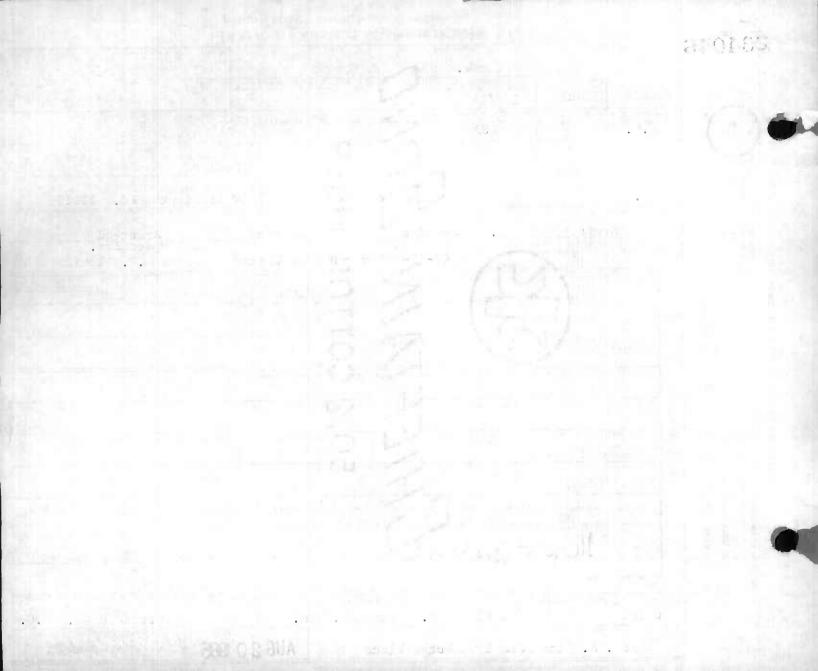
4905 York Road Balto., MD

(VRA 15, 4)

Fisher Facilities the of acquired of the set ( 10 to 0 Tarte the State of the State of the Same Discrete W. Unbuffell, M. Natel Cuela, Creen Wount Enlan, Fanno W. Jerkins I. Sons IDS. AND YORK PORT BALD., ME. EISTE ... AND AND A WELL

	_	1-	STATE			DEPARTMENT OF	HEALTH AND MI	ENTALHYGIEN	E 2 2 3	6.3	0	
5	334046		REGISTRAR		ME	DICAL EXAMIN		CATE OF DEA	KEG. IN		1	
		) I. D	PE OR PRINT)			WIDDLE	LAST		20 DATE KNOWN	X MONTH	DAY YEAR	2b. HOUR
	OIRECTOR. DUR FILES. 72 HOURS ON STREET,			Eutha		7.	Porter			□ 8	16 1985	A
	SES	3. SE		4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDA		IF UNDER 24 HRS.	2c DATE	MONTH	DAY YEAR	7:24 HOUR 7:24
	8.28e ×	F	emale	Black	1/6/14	71 YR		HOURS MIN	PRONOUNCED DEAD	8	16 1985	1:24
1	14 - 0-	70.8	PREIGN COUNTRY	TATE OR	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIED # NEV	VED 444001ED 🗍	9 BALTIMORE CITY			
	NEGES WITH WITH WITH WITH WITH WITH WITH WITH	-	N.C.		USA		WIDOWED	DIVORCED	Pal+imov	- City		
	E HIND	10 0	ITY OR TOWN	OF DEATH	II. NAME OF HOS	SPITAL, NURSING HOME	OR OTHER INSTITUT	TION 120. USU	Baltimore	PE OF WORK 17	26. KIND OF BU	
	A DATE OF		Baltimo		3310 I	Barrington F	Road		etired		OR INDUSTI	₹Y
5	URS AFTER DEATH. IF ANY DELAY 8. GIVE PAGES 1, 2, AND 3 TO 1 WITH FORM PM 3. RETAIN PA 7. PAGES 1 AND 2 SHOULD BE P DIVISION OF VIVAL RECORDS.	USU	AL RESIDENCE	(IF IN NURSING HOME OF	OTHER INSTITUTION, GI	IVE RESIDENCE BEFORE ADMISSIO	DN)					
21201	AN WELL	) 130	Md.	13b. COUNT	Y	Baltimore	13d. INSIDE CI	TY LIMITS?   13e STR	EET ADDRESS Barringtor	. D.4	21215	
WD.	AL AL	14. F	ATHER'S NAME			Dareimore		R'S MAIDEN NAME		1 Kd.	21215	
	ESE SEN		FIRST		WIDDLE	LAST	FI	RST	MIDDLE		LAST	
Q	A A B C C	160	WAS DECEASED	empsey DEVER IN U.S. ARM	C.	Jenkins 166. SOCIAL SECURITY	NO. 17. INFORM	Rebecca	Aı	mstead	<u>d</u>	
. BALTIMORE.	Signal Annual Property of the Parket of the	1	res, no, or unkno	WN) (FYES, GIVE W	AR OR DATES)	245-82-942		a Porter	113 ADOgo Bronx N			
***	JURS AF 18. GIVE WITH INT. PAG	-	18 CAUSEO	E DEATH /F			ov Bandi	a rorter	DIOUX I	i.I.	10452	
ST.	A TWILL		PARTIDE	ATH WAS CAUSED		for (a), (b), and (c).)	tia annai		2:		APPROXIMATE BETWEEN ONSET	AND DEATH
W. PRESTON ST	VAI SER			IMMEDIATE		Rteriosclero		Svascular	disease	10000		
RES	EWC HAN		Condition	s, if ony, which	DOE 10, OK	AS A CONSEQUENCE C	PF					
>	WINE WINE WANTE		gave ris	e to immediate stating the under-	(b)							
201 V	AE'- NE		lying cou		DUE TO, OR	AS A CONSEQUENCE C	F					
	DE SE		BART O BYUTE CA		(c)							
DIVISION OF VITAL RECORDS.	D BE EXECUTED WITHIN 24 HON PENDING" IN PENCIL IN ITEM 1 MEDICAL EXAMINER ALONG 2 AS A BURIAL - TRANSIT PERMI FEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	Z	PART & DIMER SIE	MIFICANT CONDITIONS C	INTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE DR CONDITION	GIVEN IN PART 1 a				- 1
E.	- CREAL	CERTIFICATION	19a DATE OF	OPERATION	Tin commi					2 3 10		
₹	SHOULD ORD "PE CHIEF A E USED A TOF HE	Į.	THE DAIL OF	OFERATION	IVE. CONDII	TION FOR WHICH OPERA	TION WAS PERFORA	AED?			BODY O	V.TM
5	NI SE	- 5	21a EXTERNA	2 A1155 A1A5	211 7115 05						YES X	NO [
ō	SAEE SE		UNDERLYING	OR		MONTH DAY YEAR	21c. HOW INJURY	OCCURRED (ENTER N	ATURE OF INJURY IN ITEM 18	PART 1 OR PART 2	2)	
0	E 55 5 8 5	MEDICAL		G CAUSE OF DE								
ž	CERT DED 1 DEP 1 DEP 4	MED	21d INJURY O		STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNT		
0	WR WAR VAR		AT WORK	AT WORK						COUNT	T	STATE
	ATE. ORV FE S TE S TE S		22a. I certify	y that I took charge	of the remains desc	cribed obove, held an	Autopsy X	Inspection .	Inquiry . on	nd in my opini		
	NE REPET		death resulte		couses X.	Accident . Suic			rmined manner ,	a in my opini	on	
	AR WITH			11.		(1/ 00	TITLE (SP		, mined manner			
	A PACTOR		ACTUAL SIGNATURE_	Mayor	te me	yknik.	ASSIS		CAL EXAMINER	DATE	8/16/	85
	NOR NOR	7	EV 4 4 4 1 1 1 EP/C 4	3	0 0 1					SIGNED_	0/ 10/	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM		EXAMINER'S N (TYPE OR PRIN	T) Ma	rgarita A	A. Korell, M	.D. ADDRESS	111 Penn	St. Balto	MD.		
	PATO PATO PATO PATO PATO PATO PATO PATO	23a B	URIAL, CREMAT	ION, REMOVAL 236	DATE		ETERY OR CREMATO	RY 123d LO	CATION			
07/84	BP.	E	urial		8/21/85	Mt. Moria	ah Ch. Cem		RIOWN	rtford	Co. STA	N.C.
25M	DHMH - 17	24 F	JNERAL DIRECT				[25	Se. DATE REC'D. BY	REGISTRAR I REGIS	STRAR'S SIGN		
	(VR A15 ME (5))		Chas .	A. Rice	FSPA 130	O Eutaw Plac	ce	AUG 20	ICRE Stilled	Savidson	Binds 80	. 5

STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	至是	TOR PARTY
L	4 10	P P P
	10 HOSPITAL OR ATTENDING PHYSICIAN. The lise requires that the death certificate be executed within 24 hours after decorption by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been upined by the otherwing physician and completely find in by the future should be detected to use as the basisl-hands permit. Then please remove carbonappers, happen to be fitted within 7 with the State Days, at Health and Mental Hygene prine to build, cremation, or removal.
	1165	S A S
	5.5	Day of the
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DHMH - 16 60M 7/84 (VRA 15, 4)

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

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	FOR STATE REGISTRAR	DEPARTA		ICATE OF	MENTAD HYG	REG. N	2 5	i			
	1. DECEASED NAME FIRST	MIDDLE	i	LAST		2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
ı	VIV	IAN ADELINE	POI	RTER		AUGUST		1985	1:20RM		
١	3. SEX	4. RACE	5. DATE OF BIRTH			6. AGE IN AND ME	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
	FEMALE	BLACK	7	25	1924	61	YRS	NOWING DATE	HOOKS MIN.		
	To. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIE	n NEVER	MARRIED X	9 BALTIMORE CITY C	R COUNT	Y OF DEATH			
	SOUTH CAROLINA	U.S.A.	WIDOWE		NORCED	BALTIMOR	E CIT	Υ	MD.		
-	THE CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME (	OR OTHER IN	NOITUTION	KEYPUNCHOST	ON OF WORKING	12b. KIND C	F BUSINESS OR		
1	BALTIMORE	CHURCH HOME HOS	SPITAL	L		OPERATOR		SOCIAL	SECURITY		
7	SUAL RESIDENCE (IF NURSING HOME OF THE LIBERT HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JINTY 13c. CITY OR TOW BALTIMORE	N	134 INSIDE	CITY LIMITS?	136 STREET ADDRESS 2803 MATTI	ZIP COL	STREET,	21218		
Ä	14. FATHER'S NAME	MIDDLE LAST			S MAIDEN NAM	AE MIDDLE		LAS	Ţ		
	CHARLES	PORTER, SI	R.	HAR	RIETT	ASSESSMENT OF THE PARTY OF THE		DAVÎ	IS		
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADDRI	ESS		12-12-13		
	NO	THE WAR OF DATES!		CHARL	ES PORTE	R, 3113 NO	RMOUN	T AVENUE			
1	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), and	d ic		CHILD			APPROX BETWEEN	MATE INTERVAL DNSET AND DEATH		
ı		PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) CARDIOPULMONARY ARREST									
	Canditions, if any, which	DUE TO, OR AS A CONSEQUE PANCREA!	TIC (	CANCE:	R				6		
	gove rise to immediate cause (a), stating the underlying cause last.	cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
		CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN PART TO	0		
/	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	28a AUTOPSY?	IN CERT	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO			
	OR COLUMNIC COLUMN	FATH HOUR A.M. MONTH DA	YEAR	21c. HOW I	NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	447		
۱	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19	211 LOCAT	ION						
	AT WORK	(AT NOME, STREET, FACTORY, OFFICE F		STRE	ET	CITY OR TO		COUNTY	STATE		
	saw the deceased alive o above, (I we) (did (did n	n AUGUST 24 19 of) view the body after death.	85. o	ST 24 nd that in (m)	, 19 <u>85</u>	toAUGUS'	$rac{\Gamma}{24}$	our and from the			
	226 SIGNATURE	1 Kruh				MEDICAL STA	FF IAN	AUG	24,1985		
	220 PHYSICIAN S NAME (1908 GARY KRUI	H, MD.		100	CHURC	CH HOSPITADWAY, BA					
	230. BURIAL, CREMATION, REMOVA				CREMATORY	23d LOCATION		COUNTY	STATE		
	BURIAL	8/29/1985 AI	RBUTU	S MEM.		BALTIMOR					
	24 FUNNETTERT SONS	FUNERAL HOME	C.			REC'D. BY REGISTRAR	256. BEGIS	TRAR'S SIGNAT	URE		
	2501 GWYNNS FA				Al	JG 2 9 1985	1000	. Nacidam.	gandelle.		

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~ 5	CORON		REGISTRAR		ME	DICAL EXAMINE	R'S CI	ERTIFICATE OF	DEATH	REG. NO.	5549	
	18		CEASED NAM	E FIRST		WIDDLE	L	AST	20 DATE OF		DAY DAY	YEAR 26 HOU
	T WAR	1	CORPRINT	Lena			Po	owell		MATED	8 27 19	85
	記を記し	3 SE	ζ	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDAY	S IF UND	DER TYR. IF UNDER 24			INTH DAY	YEAR 2d HOU 2:2
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	FUNECESSAR FUNERAL D 5 FOR YO MAITHIN			o., Md.	USA	F	WIDOWE		100.	ltimore C		IM.
	IF ANY DELAY IS NE 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 F SHOULD BE FILED, W	10 C	ITY OR TOWN	OF DEATH	11 NAME OF HOS	PITAL, NURSING HOME,	OR OTHE	RINSTITUTION	20 USUAL OCCL	PATION (TYPE OF W	ORK 126 KIND	O OF BUSINESS NDUSTRY
	PA		Baltin		Sinai	Hospital			Sanitat	ion Engi		
6	A SA SA	USU.	AL RESIDENCE	(IF IN NURSING HOME		VE RESIDENCE BEFORE ADMISSION		3d INSIDE CITY LIMITS? 1	3e STREET ADDR		21	1118
21201	A PER SERVICE A PAR		Md.	130. 000		Balto.		YES NO	11 Warr	en Park	Dr.	00
WD.		14. F.	ATHER'S NAM	E	MIDDLE			15. MOTHER'S MAIDEN	NAME	MIDDLE	141	C*
	ASSES SEC		Frank		MIDDIE	Smith		Florence		MIDDLE	Linco	oln
WO	N S S S S S S S S S S S S S S S S S S S	160.	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY	NO.	17. INFORMANT		ADDRESS		
BALTIMORE	A H P R ISIO		No		E WAR OR DATES)	217-03-438	5	James F.	Powel1	11 Warr	en Pk.	Dr.
	WIT WIT		18 CAUSE C	OF DEATH (Enter ar	nly ane cause per line	far (a), (b), and (c).)				11 3011	APPR	OXIMATE INTERVAL EN ONSET AND DEATH
PRESTON ST	OF NO	1	PARTID	EATH WAS CAUSE	D BY:	ypertensive	card	iovascular	disease		BEIWE	IN ONSET AND DEATH
510	AZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		-	(11)		AS A CONSEQUENCE OF						
84	ANS ANS AL H REV			ns, if any, which se to immediate								
*	SEL TREE	U	cause (a	) stoting the under-	1	AS A CONSEQUENCE OF	-					
201	S A A A A A A A A A A A A A A A A A A A	170	lying cai	ose last.	(c)							
RECORDS,	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, CHIEF MEDICAL EXAMINER ALONG WITH FORM THAT CHEATH HORM THAT HAD REMIT PRANTI. PAGES 1 M DO. SHEATH HAD MENTAL HYGIENE, DIVISION OF WIN PRIAL, CREMATION, OR REMOVAL.	-	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE (	OR CONDITION GIVEN IN PART	1 (0)			
8	AALT CREATE	CERTIFICATION							10115			
	SED SED	₹ 3	19a. DATE OF	OPERATION	196. CONDI	TION FOR WHICH OPERA	TION WA	S PERFORMED?			20 AU	TOPSY?
OF VITAL	WORD WORD WORD WORD BE US BE US	1 =										s 🗆 NO 🛭
	AND THE AND TH		UNDERLYING	AL CAUSEWAS	21b. TIME OF HOUR A.M	NONTH DAY YEAR	21c HO	W INJURY OCCURRED	LENTER NATURE OF IN	JURY IN ITEM 18 PART 1	OR PART 2)	
NO	SA S	3	CONTRIBUTI	NG CAUSE OF	DEATH P.M	1. 19						
DIVISION	OEP 33SI	MEDICAL	21d INJURY			OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOC	ATION	CITY OR TO	OWN	COUNTY	STATE
۵	IR: THIS CERTIFICATE SHOULD ATE. WRITING THE WORD. "PEI DRWARDED TO THE CHIEF M.R: PACES SHOULD BE USED A R: PACES SHOULD BE USED A DE STATE DEPARTMENT OF HEAD DO 21201 PRIOR TO BURIAL, CO	1	AT WORK	NOT WHILE [								
	ATE, ATE, ORW, P.		22a. I cert	ify that Maak char	ge of the remains des	bed abave, held an	Autapsy	, Inspection	, Inquiry	X and in a	my apinian	
19126-	N STANTED		death result	eddromy Natu	ral course X.	Accident . Suice	d D	Hamicide .	Undetermined m		7 - 7	
	ARY ARY			18 00.	174	V Un	has	TITLE (SPECIFY)		Dill to		
	AN THE WAR		ACTUAL SIGNATURE	Mell	uy /	mus 11	My	Assistant	_MEDICAL EXA	AINER S	ATE S/	27/85
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	1	EVALABLEDIC	NIAME -		. (1						
			(TYPE OR PRI	NI) Den	nis F. Sm	yth, M.D.	A	DDRESS_111 Pe	nn St.	Balto.MI	).	
	5X4548_	23a.8	URIAL, CREMA	TION, REMOVAL		23c NAME OF CEM			23d LOCATION		COUNTY	STATE
07/84	BP		Buri		8/31/85	Md. Nat	ional	Mem. Pk.	Laurel			Md.
25M	DHMH - 17		NAME		ADDRESS		III.	OFD I		AR 256 REGISTRA	R'S SIGNATUR	te.
	(VR AT5 ME (5))	M.	illiam	C. Brown	1206 W.	North Ave.	Balt	to. Md.SEP	3 1985	diameter	1	1

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) IF UNDER 1 YEAR 3. SEX RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAYS YEAR BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marul DIVORCED T Daltimore WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lutheran USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Dukeland St. YES X NO 1timore 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE De SSie nober DOWMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ( IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) Prescott 1711 Dukeland 44.5 18 CAUSE OF DEATH (Enter only one couse per line for to L(b), and to 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I ORPART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 LIFEITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

BP

DHMH - 16 50M 4/B3 (VRA 15, 4)

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24 FUNERAL DIRECTOR march

230 BURIAL CREMATION, REMOVAL

(SPECIFY)

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236 DATE

NO+ Th

Ave

23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Anna

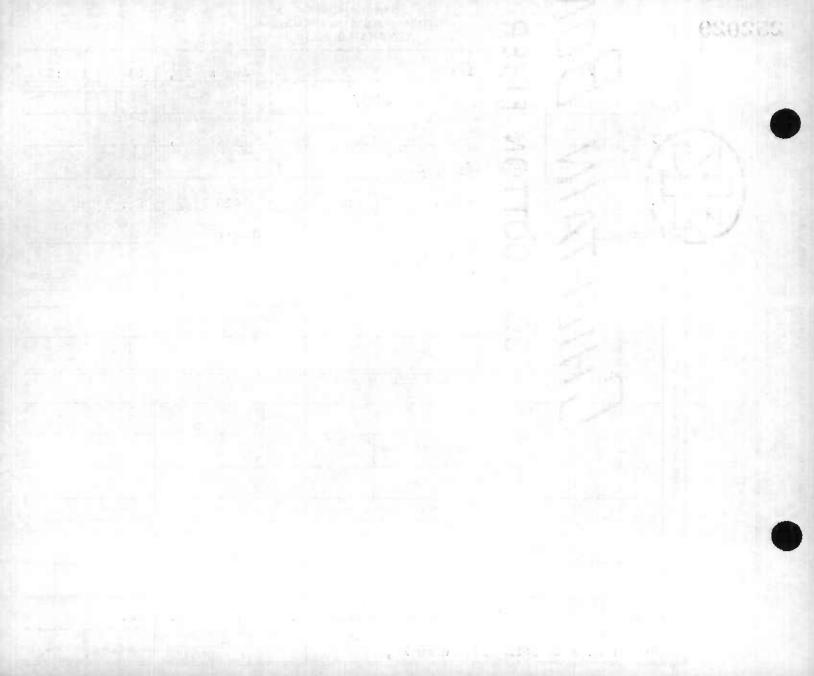
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FOR
STATE
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		STATE REGISTRAR		delina	DEPART		EALTH AND MENTALTHY ICATE OF DEATH	GIENE REG. N	10.	**	
,		OR PRINT)	FIRST	N	AIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
			Addie	C.	Price			August		5	12:2
	3. SE	K		4 RACE		5 DATE C		6 AGE (IN YEARS LAST B	IRTHDAY) IF I	UNDER I YEAR	IF UNDER 24
100		male	77798	Black		87	25/1901 YEAR	84	YRS		
ej _	7a. BI	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
\$5	Ma	ryland		USA		WIDOWE	DIVORCED	Baltimo	re, City	7	
Confined Control		TY OR TOWN OF I	DEATH	11. NAME OF H	OSPITAL, NURSING ACILITY, GIVE STREET STREET	NG HOME C ADDRESS)	DR OTHER INSTITUTION	17a USUAL OCCUPAT	ION	12b. KIND O INDUSTRY	F BUSINESS
-	JUSU/ 13a. S	AL RESIDENCE UP N	13b COUN	OTHER INSTITUTION	130 CITY OR TOW	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
100	M	d.	-		Balto.		YES K NO	2423 Ric		. 212	30
H	14. FA	THER'S NAME	177	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME			
-		Alexander			1031		Lillie	Thomas		LASI	1
medical	(1	VAS DECEASED EV (ES, NO OR UNKNOWN) NO		MED FORCES? (E WAR OR DATES)	218/09/8		Lillie Bot	vie ADDR	RESS		
roumol		Conditions, if o		DUE TO, OR	AS A CONSEQUI	ENCE OF					
prior to burso), cremonion, or only injury, or other troumof	CATION	gave rise to cause to, sto underlying ca	immediate ating the juse last	DUE TO, OR  (c)  CONDITIONS CO	RAS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, W	VERE FINDIN	IGS USED
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r frem 18 shows ony injury, or	MEDICAL CERTIFICATION	gave rise to couse (o), would relying country of the second relationship of	immediate ating the use last  IGNIFICANT (  RATION  UNDERLYING   CAUSE OF DEA	DUE TO, OR  (c)  19b CONDITIONS CO  19b CONDITIONS	P AS A CONSEQUE  ONTRIBUTING TO 1  FION FOR WHICH  FINJURY  A. MONTH DA	DEATH BUT H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES [	VERE FINDIN NG CAUSES	IGS USED OF DEATH
trem 18 shows ony injury, or		gave rise to couse (o), would relying country of the second relationship of	immediate ating the use last  IGNIFICANT (  RATION  UNDERLYING CAUSE OF DEA  LEDICAL EXAMINER  UNDERLYING CAUSE OF DEA  LEDICAL EXAMINER  UNDERLYING CAUSE OF DEA  LEDICAL EXAMINER  UNDERLYING CAUSE  UNDERLYING	DUE TO, OR  (c)  19b CONDITIONS CO  19b CONDITIONS A.A.  11 P.A.  21e PLACE (AT HOME STRE	E AS A CONSEQUI DINTRIBUTING TO I FINJURY A. MONTH D. A. MONTH D. DF INJURY	DEATH BUT H OPERATIO  AY YEAR 19 FARM ETC.)	21c. HOW INJURY OCCUP	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [ URY IN ITEM 18 PART	VERE FINDIN NG CAUSES 1 OR PART 2)	IGS USED OF DEATH NO
r frem 18 shows ony injury, or		gove rise to couse 10, to underlying co PART 2 OTHER S  190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING (16 EITHER, NOTHY MILE AT WORK AT WORK AT 270.1 certify that	immediate ating the use last u	DUE TO, OR  (c)  19b CONDITIONS CO  19b CONDITIONS A.A.  11 P.A.A.  21e PLACE C (AT HOME STRE	P AS A CONSEQUE  TION FOR WHICH  F INJURY  A. MONTH D.  A.  DE INJURY  TET. FACTORY, OFFICE F  deceosed from	DEATH BUT H OPERATIO  AY YEAR 19 FARM ETC.)	21c. HOW INJURY OCCUP 21t LOCATION STREET	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [ URY IN ITEM 18 PART	VERE FINDIN NG CAUSES 1 OR PART 2)	IGS USED OF DEATH NO
Dept. or rectin on a memor hygiene prior to outso.  If hem 21 is morked or them 18 shows ony injury, or		gave rise to couse (0), would relying country of the same of the s	immediate ating the use last u	DUE TO, OR  (c)  CONDITIONS CO  196 CONDITIONS  119 CONDITIONS  110 PLACE C  (AT HOME STREET  tol) ottended the	P AS A CONSEQUE  TION FOR WHICH  F INJURY  A. MONTH D.  A.  DE INJURY  TET. FACTORY, OFFICE F  deceosed from	DEATH BUT OPERATIO  AY YEAR 19 FARM. ETC.)	21f. HOW INJURY OCCUP 21f LOCATION STREET  , 19 d that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred on the company of the	70b. IF YES, WIN CERTIFYIN YES [ URY IN ITEM 18 PART	VERE FINDIN NG CAUSES 1 OR PART 2)	STA
t hem 21 is marked or them 18 shows any injury, or		gove rise to couse 10, wounderlying countrying countryi	immediate and the use lost use lost use lost IGNIFICANT (  RATION  UNDERLYING CAUSE OF DEALEDICAL EXAMINED URRED  I WHILE WORK  (I) (this hospi	DUE TO, OR  (c)  CONDITIONS CO  19b CONDITIONS  11b TIME OF HOUR A.A.  21b PLACE C (AT HOME SIRE  tol) ottended the	P AS A CONSEQUE  TION FOR WHICH  F INJURY  A. MONTH D.  A.  DE INJURY  TET. FACTORY, OFFICE F  deceosed from	DEATH BUT OPERATIO  AY YEAR 19 FARM. ETC.)	21f. HOW INJURY OCCUP 21f LOCATION STREET  , 19 d that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the company of the	70b. IF YES, WIN CERTIFYIN YES [ URY IN ITEM 18 PART	COUNTY	IGS USED OF DEATH? NO STAT



STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm. C. March F/H, Inc. 1101 E. North Ave ANG 2

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

32

STATE

242018		FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. N	2 5 5	2	
oge 3	(TYP	CEASED NAME FIRST	EN	B.	P	RICE	20. DATE OF DEATH	8 -26-	87-6	HOUR 2 D AM
ge 4 mc	3. SE	x FEMALE	4. RACE WHIT	re	5. DATE C		6. AGE (IN YEARS LAST BIR	YRS.		JNDER 24 HRS
2 Poor of the Poor	100	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF D	EATH	440
to offer de la control de la c	10. C	Baltimore	11 NAME OF		G HOME C	POTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NUTSE R.N.	Dre City ION ISF WORKING LIFE) INI S	b. KIND OF BUDUSTRY	ISINESS OR
AND 212	13a. M		ROTHER INSTITUTION, NIY LIMORE	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Arbutus	'N	13d. INSIDE CITY LIMITS? YES NO 🛣	130. STREET ADDRESS	e Drive	2122	7
completed with	)	ATHER'S NAME FIRST Thomas	MIDDLE H.	Bedswort		15. MOTHER'S MAIDEN NA FIRST Madeline	WE		Crum	
TIMORE on ond on ond or s. Poges	1	NAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	219-28-1		George Price		e Drive	21227	
RDS, 201 W. PRESTON ST., B. equires that the death certifical on signed by the attending physis. Then please remove corban pop in busial, cremation, or removaliquy, or ather traumatic event,	NO	PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OF  DUE TO, OF  DUE TO, OF	R AS A CONSEQUE	ENCE OF	Render A	Eqilare		ZO.	מיות
TAL RECORDS.  The law requir ricion. The has been sig	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF I	USED DEATH?
N OF VI	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	ATH HOUR A./	M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OF	R PART 2)	
DIVISIO ING PHY r attend wher this as the b th ond w	MED	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	wn co	DUNTY	STATE
R ATTEND hospital or hespital or hed for use spt. of Heal ferm 21 is m		22a.1 certify that (I) (this hasp saw the deceased alive or abave, (I) (we) (did) (did no 22b. SIGNATURE			ry aon	d that in (my) (our) opinion	death accurred on the d	ote and hour and f	from the cous	es stoted
0 4 0 70		22d. PHYSICIAN'S NAME (TYPE (	DR PRINT)	- pay	2	ATTENDING PHYSICIAN [	MEDICAL STA	FF	8-21.	
TO HOSPITAL or retained by the TO FUNERAL I should be deto with the State I MAPORTANT. If	230	GGTY A			JAME OF C	# J K	Medica 123d LOCATION	1 cente	-	
BP		Burial	8/29/			n Cem.	Woodlawn		more	STATE Md.
DHMH - 16 50M 4/82 (VRA 15, 4)		UBBARD FUNERAL	HOME, IN		21229 Wilke	A.	JG 2 8 1985	25b. REGISTRAR'S		dell

ADDRESS Parkville.Md. Marguerite A. Gaunt 2504 Glencoe Rd. 2123 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF STATE saw the deceased alive an abave. (1) Gue lead (did not) view the ball after death and that in (my) apinian death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS id b 230 NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, REMOVAL 236 DATE Aug.21,1985 Mt. Olivet Cemeterv Burial PY Baltimore, Maryland
250. DATE REC'D, BY REGISTRAR'S SIGNA Mitchell-Wiedefeld Home 6500 Tork Rd. Balto.Md. 16

2h HOUR

IF UNDER 24 HRS

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

FUNERAL

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College days to 19 5

NEXT AT LOSING PARK FOR

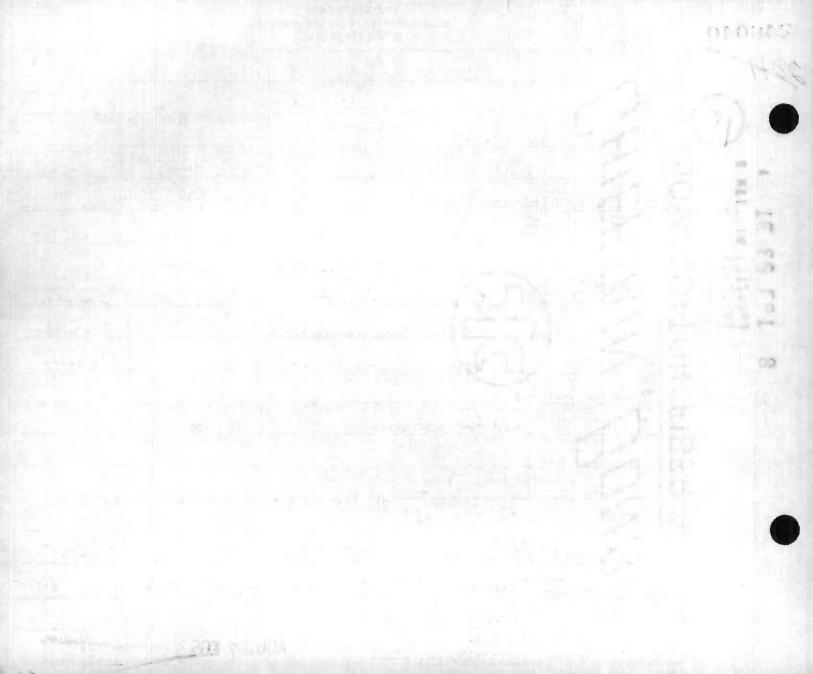
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Ann I. alve acq ave.

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Transference of the day of the tellings to the tellings the

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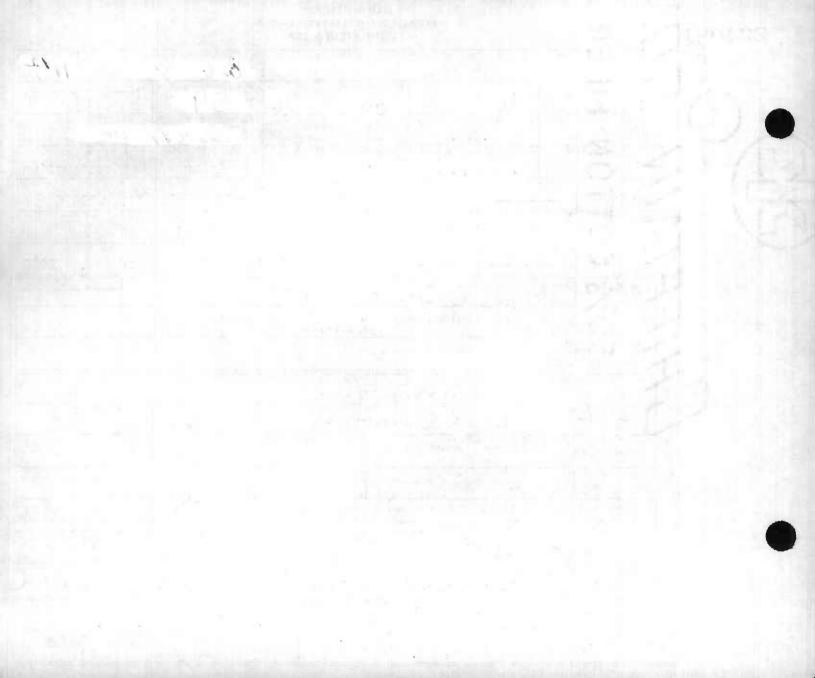
_	FOR
1	STATE
	REGISTRAR

# STATE OF MARYLAND CERTIFICATE OF DEATH

10		REGISTRAR				CERTIF	CATE OF DEATH	1	R	EG. NO.			
CO		CEASED NAME	FIRST		MIDDLE	L.	AST		20 DATE OF DE		DAY	YEAR	2h. HOUR
	(TYPE	OR PRINT)	Danie	e.]		QUINTI	LIAN		Augus	t 6, 1	985	144	11:00Pm
	3. SE	X	4	RACE		5. DATE C			AGE (IN YEARS	LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS
1		Male	3 1	Whi	te	June	5, 1920 TE	AR	65	Y	RS MONT	HS DAYS	HOURS MIN.
1	la. Bi	RTHPLACE (STATE OR FO	DREIGN 7	L CITIZEN OF	WHAT COUNTR	RY? 8.	NEVER MARRIE	DVV	BALTIMORE	ITY OR COU	NTY OF	DEATH	
5		aryland			S.A.	WIDOWE	D DIVORCE	D 🗌		ore Ci	ty,	. ~	MD
6	6	Baltimore		Lut	heran H	ospital	R OTHER INSTITUTIO	N	120 USUAL OCC (TYPE OF WORK FOR Lab	MOST OF WORKE	NG LIFE) IT	NDUSTRY	ruction
6.0	43a S	Maryland	NG HOME OR CO		Baltim	NWC	13d. INSIDE CITY LIM		3313 P	RESS / ZIP C Opular	St.	21	216
X	14 FA	Pasquale	e	Qu	intilia	n	15. MOTHER'S MAID	oase	_ MI	nni		LASI	r
1	16a V	VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SE		17 INFORMANT			ADDRESS			
	,	NO OR UNKNOWN)	(11 123, 0172	WAR OR DATES!	213-14	<b>-29</b> 58	Carmel Qu	uinti	lian 45	09 Ken	wood	Ave.	21206
		18 CAUSE OF DEATH	Enter only	y one couse per	r line for (a), (b),	ond (c).1	0				I	BETWEEN	MATE INTERVAL
- 3		PART I. DEATH W		CAUSE (0)	(,au	diac	· Clus	1 ,					
	25	100000000000000000000000000000000000000			DAS A CONSE	OUENCE OF							
		Conditions, if ony,	which	1	R AS A CONSE	DUENCE OF	Season						
	24	gove rise to imm	ediote	(b)_									
	10	couse (a), stating underlying couse	) the lost	DUE TO, O	R AS A CONSEC	DUENCE OF							
-34	-31			(c)		-							
	Z	PART 2 OTHER SIGN	IFICANT CO		ONTRIBUTING T		Mar.	IE TERMIN	NAL DISEASE OF	CONDITION	GIVEN I	N PART Ito	,
	CERTIFICATION	198 DALE OF OPERAL	19M	-			N WAS PERFORMED		20a AUTOPS			ERE FINDIN	
2	FIE	81313	6	150	wel (	) bole	tion.		YES IN	INCI	ERTIFYING YES [	G CAUSES	OF DEATH?
	ERI	21a. ACCIDENT WAS UND	ERLYING	21b. TIME C			21c. HOW INJURY C	OCCURRE		7		OR PART 2)	140
1		OR CONTRIBUTING C		,	.M. MONTH	_							
	MEDICAL	(IF EITHER NOTIFY MEDIC			OF INJURY	19	21f. LOCATION	-					
	WEI	WHILE THOU WA	TT Taken	(AT HOME, ST	REET, FACTORY, OFFE	CE, FARM, ETC )	STREET		CH	YORTOWN		COUNTY	STATE
		AT WORK L	T	1		1	(6)	0/		2/6		C.Y.	
		27s I certify that If	The state of the s	of provided th	ne deceased from		. 19_	00	, to	0/0	19		that (1) (we) lost
	1.79	sow the decease above, ( ) ( ) ( )		Sew the body	after death.	, on	d that in (my) (our) o	pinion de	oth occurred or	the date and	hour one	d from the	couses stated
		77h SIGNATURE		1 /		I	DEGREE					221 PATE	SIGNED
		10	IM	Sell	N		ATTEND PHYSIC		MEDICAL DIRECTOR 1	STAFF PHYSICIAN I	-	816	0/31
)		724 PHYSICIAN'S NA	ME IPPI DE	range .			22e ADDRESS	A			0	11-	14.1
		NON	1.	ARR	LISUEN	10	730	Ash	but	m St	. K	altru	ired Hod
		BURIAL, CREMATION, F	REMOVAL	23h DATE	2:	C NAME OF C	EMETERY OR CREMA	TORY	23d LOCATIO	N			
	(	Buria	1	Aug	10,85	Gardens	of Faith	Cem.	Balti	moee C	0	Md	STATE
	24 Ft	JNERAL DIRECTOR	The Di	ppel F	uneral	Homes.	Inc. 12		REC'D. BY REGI	TRAR 200 RE	GISPR AR	SIGN	UREO
1	7	110 <sup>m</sup> Belair	Road	Balti	more ADDRES	2120	6	Alle	8 108	TO TORA	, bound	1300-170	made.
				04.01	1101 69 11	a. CICO	U	1100	0 100				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has bee



9800BS

France O. Roberton S. 19 55 5 19 WHEE Z 429 WEST solto alej 4213 week that the first the courses to real distinctions were E Se Se State of the Shatmaker & 18724 State of the state first me man in the course of the 01/5 21 11/1/E Of 1/85 BROKED HEART COP. WESTERNE TH FLERING FINEWILL STRICE MOONEY, MA AUBORE 3005 CHILDRENGE CHILD

MPORTAN

DHMH - 16 60M 7/B4 (VRA 15, 4)

d b

23a BURIAL, CREMATION, REMOVAL 236 DATE

Friedman

Inc.

274 PHYSICIAN'S NAME (TYPE OF PRINT)

231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

PHYSICIAN

STATE COUNTY Baltimore

22¢ DATE SIGNED

Buria 185 .Michael Ukr.Cem 24 FUNERAL DIRECTOR

Eastern Ave 1901

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DIRECTOR PHYSICIAN

600 NORTH WOLFE STREET

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COUNTY

STATE

YFAR

IF UNDER I YEAR

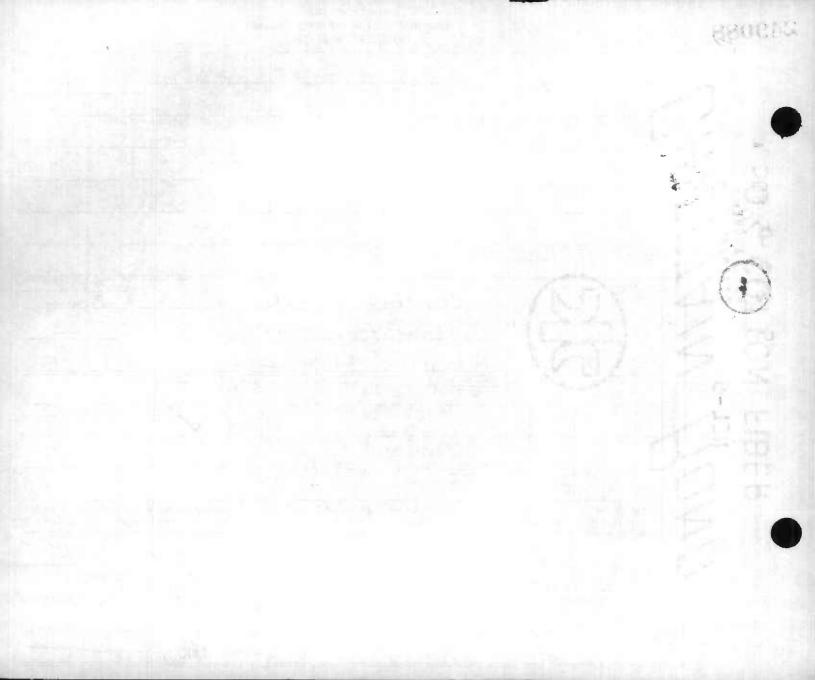
7h HOUR

17h KIND OF BUSINESS OR

Czura

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

9.50PMM



26061

	STA	TE OF N	ARYLA	AND	
DEPARTM	ENT OF	HEALTH	AND I	MENTAC	YGIEN
	CEPT	IFICAT	FOFD	EATH	

	CERTIFICATE OF DEATH	REG. NO.		4		
DLE	LAST	20 DATE OF DEATH MONTH	DAY	YEAR	2b HOU	JR .
	RADOMSKI	8	7	85	4:3	54
11.11	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNE	DERTYEAR	IF UNDER	24 HR5
	MONTH DAY YEAR 3 2 2 15	70 YRS	MONTH	5: DA15	HOURS	MIN.
IAT CO	OUNTRY? 8	9 BALTIMORE CITY OR COUN	TY OF D	EATH		

To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) BALTO

4 RACE

GNES

1136 COUNTY

115 A

WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION BACTIMBRE GENERAL HO

YES TH

13d INSIDE CITY LIMITS?

NO [ 15 MOTHER'S MAIDEN NAME

SImema 13e STREET ADDRESS / ZIP CODE

MIDDLE

BALTIMORE

417 WILLIAM ST

2 2 5 3

2/230 06

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12b. KIND OF BUSINESS OR

MD 14 FATHER'S NAME

13n STATE

FOR - STATE

3 SEX

REGISTRAR I DECEASED NAME (TYPE OR PRINT)

I CITY OR TOWN OF DEATH

BALTIMORE

70 NEAL

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse

90 DATE OF OPERATION

21d INJURY OCCURRED

WHILE

PECIFY

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

NO OR ENKNOWN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

BALTIMORE

LIFYES GIVE WAR OR DATES)

MICHREL 166 SOCIAL SECURITY NO

BACTIMORE

113c CITY OR TOWN

MARGARET 17 INFORMANT CHART

ADDRESS

WELSH

C/77

INDUSTRY

18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ics PART I. DEATH WAS CAUSED BY Cardio polmonary IMMEDIATE CAUSE (o)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19 85

DUE TO, OR AS A CONSEQUENCE OF

CERTIFICATION

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

216 TIME OF INJURY

P.M

21e PLACE OF INJURY

DUE TO, OR AS A CONSEQUENCE OF

AT HOME, STREET FACTORY, OFFICE FARM ETC )

HOUR A.M. MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

20g AUTOPSY?

211 LOCATION STREET

CITY OF TOWN

COUNTY STATE

NO [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

sow the deceosed olive on. obove, (1) (we did) (did not) view the body ofter death 22b. SIGNATURE mso N

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

LFONSO A. Ortiz

236 DA

220.1 certify that (1) (this haspital) attended the deceased from

22e ADDRESS

BACTMONE GENERAL HOSPITA 23c NAME OF CEMETERY OR CREMATO

ond that in (my) our opinion death accurred on the date and hour and from the causes stated

BP	18/18
HMH - 16 60M 7/84	W ELINED!

(VRA 15, 4)

00

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHNE

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10	6	
		CEASED NAME	FIRST	^	AIDDLE	· ·	AST	20 DATE OF DEATH	MONTH DAT		2b. HOUR
5	1	_	EVA	MAT	TLDA	RAF	FERTY		8 28	85	215 A M
1	3 SEX	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
8	E	FEMALE		WHITE			. 29 1914	70	YRS	VA.S	MOOKS MIN.
		RTHPLACE (STATE OR F	OREIGN	TE CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	F DEATH	
	7	MD.		U.S.F	١.	WIDOWE	7.0	BALTIMORE	CITY		MD
	10 CT	ITY OR TOWN OF DEA	TH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND C	
	_ F	BALTIMORE					ON LORD BLDG.			PAPER	
5		AL RESIDENCE (IF NURS	13b. COUN		130 CITY OR TO	NWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 3801 RAVEN	ZIP CODE	Æ. 2	1213
	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA		19		
10	1	FREDERICK	,	MIDDLE	HENSEN		ANNA	AUGUS	TA	B	OHLE
1		VAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS	CO.	
	(4	NO NO OR UNKNOWN)	(IF TES GIVE	WAR OR DATES)	213-14-	9083	NANCY SEITZ	(FRIEND) SA	ME ADDI	RESS	
		18 CAUSE OF DEAT	H (Enter on	y one couse per	line for (o), (b),	and (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		BY. E CAUSE (a)	MBDOW	V.NAC	OBSTRUCTION			18	Vavs
				DUE TO, OI	R AS A CONSEC	UENCE OF					
		Canditions, if ony,		( b)_							
		gove rise to imm cause 10%, statin	g the	DUE TO, OF	R AS A CONSEC	DUENCE OF				100	
		underlying cause	last.	(c)							
	7						NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 1	a
7	CERTIFICATION				AN CA				T-0 in time i		
1	FICA	190 DATE OF OPERAT	IION	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
	E	BA ACCIDENTANCE UNIC	VERIVALS F	BIL TIME O	E IN HIDY		131- HOW IN HIDY OCCUP	YES NO	YES		NO 🗌
1		OR CONTRIBUTING		11 HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	(KED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	I I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDIC		71e. PLACE (		19	71f. LOCATION			-11	
	MED	WHILE NOT WH			EET, FACTORY, OFFIC	E, FARM, ETC )	STREET	CITY OR TO	)WN	COUNTY	STATE
				5 0 111	1 1/	7/	9	2/2	8	85	-
	3.1	220.1 certify that (1) saw the decease		9/2		0	nd that in (my) aur) apinian	death accurred on the d	ote and hour o	and from the	thos (1) (we) last
	- 4	saw the decease abave (I) we) (a	lid) (did not	view the bady	after death.		DEGREE			22c DATE	
		de	_07	kunn.	7		ATTENDING	MEDICAL STA	FF X	8/1	28/8x
1		214 PHYSICHOLS NA	ME (TYPE OF				22e ADDRESS	DIRECTOR PATSI	IAN (	1 1	
			I MIC	DVOSS n	N		ESKME	BAYIME	Re-WY	212	24
-		BURIAL, CREMATION,		23b DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		CREMATION		8/28/8	5	GREENM	IOUNT	BALTIMORI		COUNTY	MD.

GREENMOUNT

DHMH - 16 60M 7/84

IMPORTANT: If he

CREMATION

DIVISION OF VITAL RECORDS, 201

SCHIMUNEK FUNERAL HOME INC. 3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

8/28/85





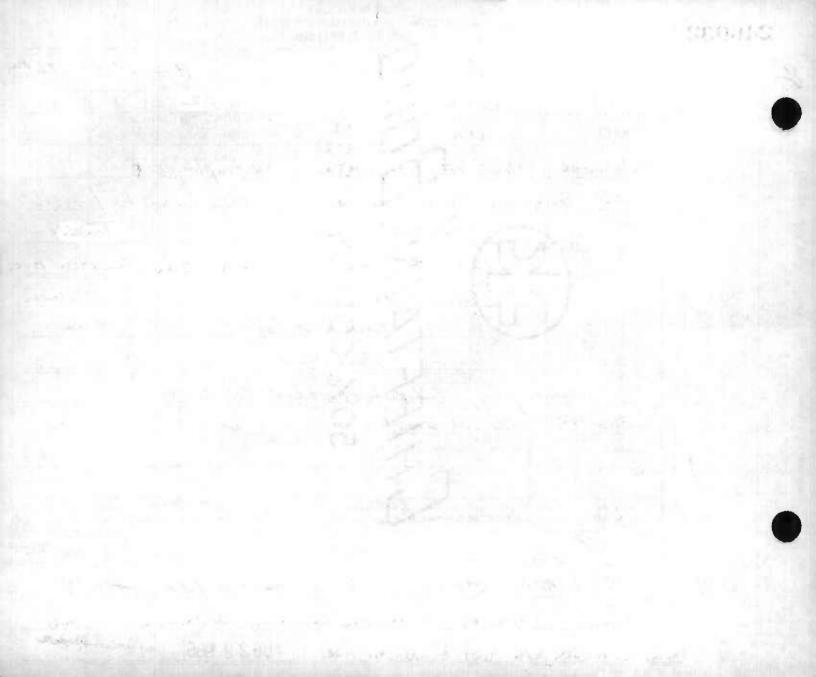
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

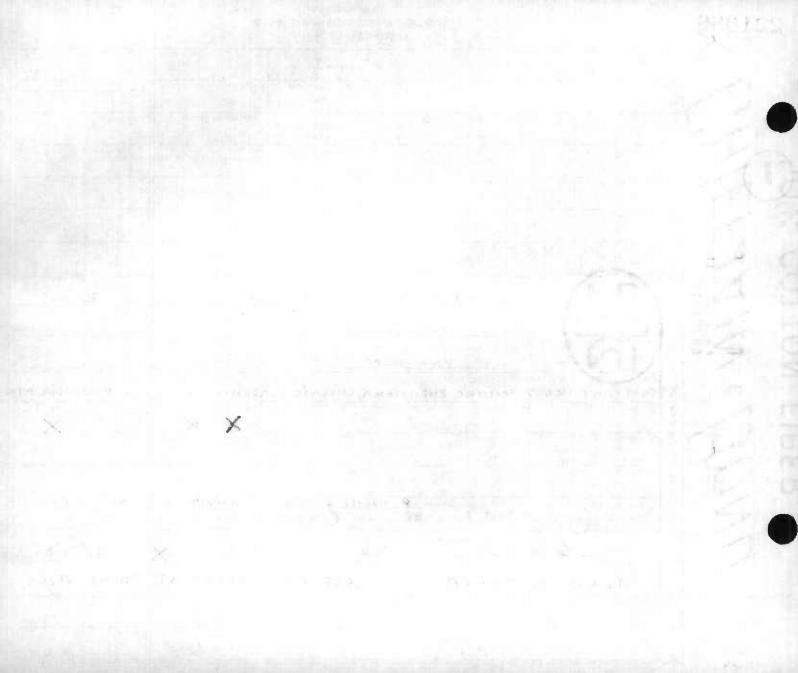
## FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYCIENE

22560

246032	3 1.	STATE REGISTRAR	DEFARIA	CERTIFICATE OF DEATH	REG. NO.	*
oge 3		CEASED NAME COLIS	A.	RANDA11	20 DATE OF DEATH MONT	6-26 85 0226 M
rector pours offer of	3. SE	m	1 RACE Black	5. DATE OF BIRTH  MONTH  OLO  16  54		MONTHS DAYS HOURS MIN.
death. Pe	5	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (	
by the formal by	3	BA/timere	(IF NOT IN SUCH FACILITY, GIVE STREET,	GHOME OR OTHER INSTITUTION ADDRESS!	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR UNCLUP LOYE	
y diffe in	13a	AL RESIDENCE (IF NURSING HOME OF	NIY 13c. CITY OR TOW	NOTE YES IN NO [	130 STREET ADDRESS / ZIP	En Ave/21216
ored with		VAS DECEASED EVER IN U.S. AR	AIDOLE RIAST	15. MOTHER'S MAIDEN NA. 2 FIRST 2 COLUSE	MICOLE	Cooper
ion and rs. Page			5 11 10 00 0 11 17 1 1 1 1 1 1 1 1 1 1 1	1 1	andall 172	
ertificate ng physic bonpape remavol.		PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), one ED BY TE CAUSE (o) CHAPLE	genz shock		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8/2/wes.
that the death c d by the attending ease remave cart al, cremation, or or other traumatic	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	Contine Ana		8 has
requires en signec . Then pl or to buri		Convic	conditions contributing to a	Math But NOT RELATED TO THE TERM	GUDOCHADA	
The low cion.  sit permit permit permit permit permit permit price	CERTIFICAT	190 DATE OF OPERATION 22 AUG 185		operation was performed sufficiency		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO } \text{NO } \text{NO } \text{VES}
SKIAN: ng physic certificat urial-tron tental Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	19	RED (ENTER NATURE OF INJURY IN IT	EM 18. PART 1 ORPART 2)
os the built orked or	MED	216 INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.)	ARM. EIC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND obspitol obspitol of for use of Heol		saw the deceased alive on abave, (I) (we) (did) (did no	tal) attended the deceased from	and that in (my) (aur) apinion (	death occurred an the date ar	
TAL OR he how the how the house detoche state Dep		22b. SIGNATURE	mul.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED  To Aug 85
etorned to FUNE should be with the S		22d. PHYSICIAN'S NAME GIVE C	ork Sauls	22 S. GAL		Himone, MD
BP		SPECIFY) Burial		altinore Cemeter	23d LOCATION CITY OF TOWN Baltim	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	100	neral director  NAME  C. Ma-ch	CIH NOI E.	A.	E REC'D. BY REGISTRAR 256. R	LEGISTRAR'S SIGNATURE





STATE OF MARYLAND

DHMH - 16 60M 7/B4

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

#### FOR - STATE PEGISTRAP

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE CERTIFICATE OF DEATH

22560

En	Com		
REG.	NO.		

- Harri						REG. I	10.					
	DECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY	YEAR	26 HOU	IR	
L	ROB	ERT	JOSEPH		RAUR		8	21	85	3:3	0a м	
3	SEX	4. RACE		5 DATE C		6. AGE (IN YEARS LAST B	RTHDAY)					
	Male	Whit	e	June		74	YR:		DAYS	HOURS	MIN.	
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVED WARDIED IV	9 BALTIMORE CITY			ATH			
1	Md.	Balt		WIDOWE		BALTIM					MD.	
7	CITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT				F BUSINE	SSOR	
1	BALTIMORE		900 LOCH		BLVD 21218	(arpenter						
i	SUAL RESIDENCE (IF NURSING HOME OR 30 STATE 136 COUN		Balto.	ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	/ ZIP CO	DOE St.	. 21.	205		
1	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME						
Y	Frank G.		Raub		Anna	J.		Wi	ttin	oen		
16		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			0		
L	(YES NO OR UNKNOWN) IF YES GIV	11	21807708	5	Raymond Raub	141 N. P.	itter	won I		Ave		
1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for (a), (b), and	diceil				8	ETWEEN	MATE INTER	DEATH	
	IMMEDIAT				40	lays						
L		DUE TO, O	R AS A CONSEQUE	NCE OF						,		
1	Conditions, if any, which gove rise to immediate	(b)	Cerebral	vascu	lar accident				4 d	245		
	couse tol, stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF						- 6		
	underlying couse lost	( 10)										
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1								ART Ito	1		
- 1	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	1205 IF	VES WEDE	85 3:30a M  UNDER I YEAR OF UNDER 23 HRS.  ITHS DAYS HOURS MIN.  FEBEATH  7. MD.  176. KIND OF BUSINESS OR  INDUSTRY  6t. 2/205  LAST  LAST  LAST  APPROXIMATE INTERVAL  BETWEEN ONSEL AND DEATH  4 days  WERE FINDINGS USED  IS CAUSES OF DEATH?  NO  INDUSTRY  COUNTY  STATE  85 that A (we) lost and from the couses stated  120c DATE SIGNED  8-2/-85  MD 21218				
4		1,000	morrow milen	OI EKATIO	T WAS TENTONINED	YES TO NOTE			OF DEATH  Y, MD.  178. KIND OF BUSINESS OR  INDUSTRY  St. 21205  Wittinger  On Pk. Ave  APPROXIMATE INTERVAL  BETWEEN ONSEL AND DEATH  4 days  WERE FINDINGS USED ING CAUSES OF DEATH?  NO  RI LOR PART 2)  COUNTY STATE  9.85 that X (we) lost and from the couses stated  122c DATE SIGNED  8-21-85  9, MD 21218			
	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR		JRY IN ITEM		PART 2)	NO L		
/ 1	00.500.000.00.00.00		M. MONTH DA	AY YEAR								
	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION							
	WHILE ONOT WHILE O	LAT HOME, STR	REET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TO	NWC	COL	YTINE	S	TATE	
	22a. E certify that X (this hospi	ol) ottended the	e deceased from	ппу	19 19 85	, to AUGUS	r 21	19 8	5	that X (	we) Inst	
	saw the deceased alive an above, (1)-(we) (did) (1)-(may	ATTICTIC	T 21 10 Q	5 an	nd that in XX (our) opinion							
1	2 SIGNA FORE	o view the body	Offer death.	(	DEGREE			22	DATE	SIGNED		
Г	John O- Ul	alous	h	ML	ATTENDING PHYSICIAN [	MEDICAL STA			8-3	21-8	85	
1	2 A PHYSICIAN'S NAME (TYPE O	THE COUNTY OF TH										
L	LLATOWS	KIJ	OHN A.		3900 LOCH	RAVEN BLVD	BAL	TO, N	10	2121	8	
23	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNT	TY.	(	LAJES	
	Burial	8-23-	85 Ga.	rriso		Owings	1111				Md.	
	FUNERAL DIRECTOR	C 0	, ADDRESS A	0:	1 1 1 1 1	TE REC'D. BY REGISTRA	12 000	AR'S S	IC ALT	URE DO		
4	John M. Weber &.	Jons In	c. 401 J.	(he.	ster Sta AUG	40 800				-	ď	

			FOR STATE	DEPARTMENT	OF HEALTH AND MENTA	L HYGIENE	0 .4
25	56065		REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE	OF DEATH REG. NO.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  WINER, THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIER DEATH. IF ANY PELAY IS NECESSARY, PEAGE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM WE RETAIN PAGE 5 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGE 1 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGE 1 SHOULD BE FILED WITHIN 72 HOUBE HOURS STARE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MACHINER STARE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MACHINER STARE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MACHINER STARE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MACHINER STARE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MEMOVAL.		CEASED NAME FIRST	WIDD-E	LAST		ONTH DAY YEAR 26. HOU	
	30 00 00 E	1	E OK PRINT)	Elwyn Dewi	tt Rawlings	OF ESTI-	8-31 10 85
	ACESE IN	3. SEX	4. RACE	S. DATE OF BIRTH 10. AG	E (IN YEARS   IF UNDER 1 YR.   IF UNI	DER 24 HRS. 2c. DATE MOI	NTH DAY YEAR 24 HOU
RE, MD, 21201	Y E S E S	P	TALL BLOCK	MONTH DAY YEAR LAST	BIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	9- 1 19 85 5:30
14	32225	70 BI	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	YRS.	8 BALTIMORE CITY OR CO	
	の歌の正常と		REIGN COUNTRY)	1,50	MARRIED NEVER MA	ARRIED 🔲	
	25 75 K	10 (	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		DRCED   Baltimore (	
	NEW TOWN	1		(IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)	FOR MOST OF WORKING LIFE)	OR IMPUSTRY (
	90° #6		Baltimore	2602 Chelsea Ter		MINSTER	Church
9	\$2333 XI		TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE.		13e STREET ADDRESS	21716
-	大学の記録		ma,	Bak	YES INO	0 2602 Chel	SEA PERE.
MO	1 200	14. F/	THER'S NAME	MIDDLE O LAST	15. MOTHER'S MA	AIDEN NAME	LAST
25	385456	VC	parrett	KawLin	195 KOSA	The	Tohson
9	SA SA	160. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS /	2/2/6
9	SECTION AND A SE	- "	405 (IF YES, GIV	W. II 218-1	18-3206 Rolan	La Kawlings 260	12 CHELSER TERM
	WHEN DIV		18 CAUSE OF DEATH (Enter o	only one couse per line for (a), (b), and (	c).)	7	APPROXIMATE INTERVAL
IST	N S S S S S S S S S S S S S S S S S S S			ED BY: ATE CAUSE (a) Congestive			BETWEEN ONSET AND DEATH
Õ	VA SEE TO SEE		IMMEDIA	DUE TO, OR AS A CONSEQUE			
ES	ENT SELECTION		Conditions, if any, which				
RE, MD, 21201	WIT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	-	gave rise to immediat cause (a) stating the under		there are		
>	AN THE TOTAL OF TH	18	lying cause last.	DUE TO, OR AS A CONSECUL	ENCE OF		
5.2	TO SEE SEE			(c)			
ORD	WA A BENE	7	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO T		N PART 1 (a).	
E C	A AS AS CRE	CERTIFICATION		Pulmonary			
A R	AL HE	3	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
VE	389558	H					YES NO X
Ö	A NEW	B	210 EXTERNAL CAUSE WAS	1216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 216. HOW INJURY OCCU	RRED LENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
ON		MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF		19		
VISI		0	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HI STREET, FACTORY, FARM, ETC.)	OME, 21f. LOCATION STREET	CITY OR TOWN	
ā	ARD ARD SOL	2	WHILE AT WORK AT WORK	O STREET, TACKS, TAKIN, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	RWY RWY STA STA STA						
	A A B E E E E E E E E E E E E E E E E E	100		rge of the remains described obove, hel-			my opinion
	SE S	100	death resulted train. Not	ural couses WK Accident,	Suicide . Homicide .		
	WAR WAR		ACTUAL / XOLLI	NOFA ST	THILE (SPECIFY		ATE 9-1-85
	CAL EX- THE GER SHOULD SHOULD SATH, W SRE, MAR	1	SIGNATURE	the Kandan	M.D. ASSISTA	ant_medical examiner Si	ATE 9-1-85
	NO N	-	EXAMINER'S NAME DO	nnis F. Smytth, M.D	111	Penn St., Balto.,	Md. 21201
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D APTER DEATH, BALLTIMORE, M		(TIPE OR PRINT)		ADDRESS	Term be., Bareo.,	114. 21201
	E05149	23a B	JRIAN CREMATION, REMOVAL	ZIB DAYE	OF CEMETERY OF PREMATORY	17 10 LOCATION	COUNTY A STATE
	BP	1	Sural.	7/0 /95 Barri	son Forest V.A.	Dallemon	MKE
25M	DHMH - 17	24. F	MERAL DIRECTOR	W round AMAA		TE REC'D BY REGISTRAR 25% REGISTRA	R'S SIGNATURE
	(VR A15 ME (5))	15	raigh N.	Sweet Lagar	1 March arest	P 1 0 1985	- Manager

STATE OF MARYLAND

218068	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAUHY CERTIFICATE OF DEATH	GIÈNE REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH " MO	NTH DAY YEAR 26 HOUR
oy be	{TYPE	EDDIE		DAVCOR		12:13AM
og og	2.00		4 RACE	RAYSOR Is date of birth	AUGUST 1 1	15 . 15 AIM
D a specific a	3 SE	1015	ALTI POIN	MONTH DAY YEAR	2	MONTHS DAYS HOURS MIN.
urect nurs	1	1728	NEGROID	17-28-32	00	YRS.
Die 2 ho	7a Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
de d	1	Lorida	4.0.07.	WIDOWED DIVORCED		ITY MD.
The state of the s		ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
<b>省</b> 11121213131315	BA	LTIMORE JO	HUZ HOPKINS HO	SPITAL	Disable	
t Aguara a	USU.	AL RESIDENCE (IF NURSING HOME OR			13e STREET ADDRESS / ZI	P CODE 12121
1 36 RG	-	md		O - YES NO	2421 E.C	Liverst.
Y tely 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14. FA	ATHER'S NAME		15 MOTHER'S MAIDEN N		
MAN COST TO THE TOTAL TOTAL		EDDIE	RAVSOR	FIRST	nd MIDDLE	LAST
# DC - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	ADDRESS	/ / /
BALTIMORE Cole be executed by St. Property of the medical management o	- (	1/ 1/	e WAR OR DATES) 267-3	8-9199 Edwina	Raysor 9	12 Wilmot Ct.
E Uh 12 gr. 19		165				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
B COO	/	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	DBY:		ine to	
TS Colored to the second to th	131	IMMEDIAT	E CAUSE (0) CANYIO	pulmonary ar	1621	10 min.
W. PRESTON ST  of the deoth cert  if y the ottendings  se remove corbon  cremation, or en  ither traumatic ev			DUE TO, OR AS A CONSEQU			1
SEST dec offe offe offe rour		Canditions, if any, which gave rise to immediate	( 16) WETUS	take lung can	ly	141,
the the	3.3	couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		0
- E - O - O		underlying cause last.	(c)			
S, 20 gned en ple burio	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The Tour equil  stret this certificate has been sig os the builof-transit permit. Ther th and Mental Hygiene prior to be orked or trem 18 shows any injur	CERTIFICATION					
ECC print print print print	3	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
he hos	E	E313 25 194-	The Second Control		YES NO	YES NO
VIII Coste Consiste Hyginal Bash	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
OF CLA	AL	OR CONTRIBUTING ( CAUSE OF DEA	un i	19		
ON THE CONTRACT ON THE CONTRAC	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION		COUNTY STATE
VISI ord ord ked	¥	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM ETC ) STREET	CITY OR TOWN	COUNTY
Afte of the mort	2.7		tal) attended the deceased from	July 27 10 8	S to Mus 1	, 19 ft, that (1) (we) lost
THE SE		saw the deceased alive an	Mug 1 19	0.	n death accurred at the date	and haur and from the causes stated
ATI Ospi ospi ospi ospi ospi ospi		above, (1) (we) (did) (did no 22b. SIGNATURE	t view the body after death.	DEGREE		22¢ DATE SIGNED
he he ho DiR		1 1 10 MATORE	1 Anila	ATTENDING	_ MEDICAL _ STAFF	
by the by the by the best of t		THE THE LAN'S NAME (TYPE O	1. Corpum	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	
HOSP med a rithe		(1)	Λ \	1 ADDRESS	1 600	NORTH WOLFE, STREET
ro Hospital eforned by TO FUNERal should be de with the Stoti		James 1	1. Cotkum	Johns He	okins 140sp	· Isal MMURE MIN
7 5 6 7 7		BURIAL, CREMATION, REMOVAL	- 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	Federal STATE
BP		Burial	8-6-85 1	M. Calvary Cen		wellounty, ma
DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR	ADDRESS		ATE REC'D. BY REGISTRAR 256.	
(MPA 15 4)	1/	2111115 K	Var. a. c. 1211.	of theory of	MO MONTH	li Kill You

# FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı		REGISTRAR			CERTIF	ICATE OF D	EATH	REG	NO.			
		EASED NAME FIRST AVIET	-	Dessie	Re	aves	ee:a)	20. DATE OF DEATH	8/	20/85	26 HOU	PM
	3. SEX	Cemale	4. RACE	ack	S. DATE C		YEAR 22	6. AGE (IN YEARS LAST	BIRTHDAY]	MONTHS DAYS	HOURS	24 HRS MIN.
		OUNTRY) Va.	76. CITIZEN OF	S A	WIDOWE		VORCED 🔀	Baltimore City	OR COUN	e City	/	MD.
	B	HMOVE	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET A	DDRESS)	OF OTHER INST	TITUTION	12a. USUAL OCCUP (TYPE OF WORK FOR MO		G LIFE) 12b, KIND (	OF BUSINE	SSOR
7	USUA 13a. S			130. CITY OR TOWN	4	YES DE	ITY LIMITS?		S / ZIP CC	Ave.	212	15
	14.17		WIDDIE	Poge		-	FIRST	MIDDLE		mar	\$1 C	
		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	217-20-		17 INFORMA		ADI	4917	Poe	Aue	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)		Card	iac	Arr	est			APPRO) BETWEEN	IMATE INTER ONSET AND	VAL DEATH
	-	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost	DUE TO, OI	RAS A CONSEQUEINA SI VE RAS, A CONSEQUEINA HYPER- ONTRIBUTING TO D	In-	sion		Heman	J		(0	
-	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CER	YES, WERE FINDI RTIFYING CAUSE: YES		H?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF I	NJURY IN ITEM	18 PART I OR PART 2)		
	MEDICAL	VHILE OF WHILE OF WORK	21e PLACE ( (AT HOME, STR	OF INJURY BEET FACTORY, OFFICE FA	RM ETC )	711 LOCATIO	DN	(ITY O	NWOT	COUNTY	5	TATE
		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no		19	or	id that in (my)		to death accurred on the	e date and l	19 hour and from the		
		226 SIGNATURE	V. His	con.	MD		TTENDING PHYSICIAN [		TAFF SICIAN 🕞	22c. DATE	O/R	5_
		Eleanor	Y. Hix	Lon, M.	D	310C	Tou	anda,	Aue			
		URIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 8/24/		AME OF C	EMETERY OR C	REMATORY	23d. LOCATION CITY OF TOWN	10.	COUNTY	5. D	TATE

1101 E.

C. March E/H

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use



FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. NO	0	6.5		
		CEASED NAME	FIRST	A	AIDDLE	L	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR	-
	(11PE	OR PRINT)	LUC	CILLE	R.	RI	EED		August 1	1, 198	85	8A M	
-1	3 SEX	X		4 RACE		S. DATE C			6 AGE   IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		
		Female		Whit	e	Oct	. 27, 19	04	80	YRS.	MONIHS DAYS	HOURS MIN.	
	7a BII	RTHPLACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARI	RIED 🗆	9 BALTIMORE CITY O	R COUNTY	OF DEATH		•
	1	Michigan	_		SA	WIDOWE	DM DIVOR	CED 🗌	Baltimore		/	MD	Ĺ
14	19. CI	ITY OR TOWN OF DEA		(IF NOT IN SUCI	H FACILITY, GIVE STREE	REET ADDRESS)						OF BUSINESS OR	
	1	Baltimor										Home	
6	130 S	AL RESIDENCE (IF NURS	MP CON	1TY	131 CITY OR TOV	MN	138 INSIDE CITY L	IMITS?	13e.STREET ADDRESS				
4	NA CA	MD ATHER'S NAME	Wor	cester	Berli	.n	YES NOTHER'S MA	X	4719 Ocea	in Pir	nes,	21811	_
3/	) ra	FIRST	10	WIDDLE	LAST		FIRST		WIDDLE			\ST	
4	14a \A	Joseph VAS DECEASED EVER		rgawins	16b SOCIAL SEC	LIBITY NO	Ma 17 INFORMANT	rtha	ADDRE		kiewic	Z	
7		YES, NO OR UNKNOWN)		E WAR OR DATES									
		No				6197	Mr. Ge	raid	Reed,		Same	VIMATE INITEDVAL	=
		PART I. DE ATH W			Calla	of O	most	Resh	isatory of	2205/	BETWEEN	ONSET AND DEATH	-
			IMMEDIA	re CAUSE (o)	La mara	- 00	···	1 - 1)	ca de	.1	- a	unc	-
		Conditions, if ony,	which	DUE TO, OF	AS A CONSEQU	JENCE OF	hend	(1/1/2	mela	1798	16-	8 mie	p
1		gove rise to imm	nediate	16)	Cal	1	10	00110	) A	,		0 -1 0	-
		underlying couse		DUE TO, OR	AS A CONSEQU	JENICE OF	( .	0.	P.D		1/2	vers.	
	_	PART 2. OTHER SIGN	VIFICANT (	ONDITIONS CO	NTRIBUTING TO	DE ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITIONGIV	EN IN PART I	(0	
	TION									1			
	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	20b. IF YES IN CERTIF	YING CAUSE	INGS USED S OF DEATH?	
	RTIE	71n ACCIDENT WAS UND	SERIUMIO C	2 211 71115 01	C IN LILIDY		101 110 110 110		YES NO	YES	s 🗌	NO []	_
1		OR CONTRIBUTING		110110 11	M. MONTH D	AY YEAR	ZIZ HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJUI	TY IN ITEM 18 P.	ART T OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDIC		P.A 21e. PLACE C		19	211 LOCATION				2000		
	ME	WHILE NOT WH	ILE 🗍	(AT HOME STR	EET, FACTORY, OFFICE.	FARM, ETC )	STREET		CITY OR TO	WN	COUNTY	STATE	
	the.	22a I certify that (I)		Anii matenadod the		Cont	13/56	73	aug	13'	85		-
		sow the decease	d alive an	Mely	914	8 - 01	id that in (my)	) opinion de	eath accurred on the do	ate and hou	ond from the	that (1) (we) last	
	- 1	obove, (I) (we) (c 22b. SIGNATURE	did) (did no	t) view the body	ofter death	/ -	DEGREE		1			SIGNED AF	-
		C	19	led	wy	2/4		NDING DICIAN D	MEDICAL STAF		8-	2-81	
		22d PHYSICIAN'S NA	ME (TYPE C	RPRINT)	1		22e ADDRESS						-
		Dr. Carl	os F	Arana	aga, ME	)	1900 E	No	rthern Pk	wv.	Balto	. MD	
		URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREM		23d LOCATION		COUNTY	STATE	-
		Cremation	)	8/2/8			Mount		Balto.	,		MD	
		INERAL DIRECTOR				Sons		250. DATE	REC'D. BY REGISTRAR	25b. REGISTI	RAR'S SIGNA	TURE	•
	4	4905 York	Koa	d Balt	0., MD	21	212	AUG	2 1085	3 And	7.00	D. J. 100	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been

should be detached for use as the billing with the State Dept. of Health and MIMPORTANT: If them 21 is marked or

ERROR OF THE LIFE OF THE FILE Carriella Marie Lat. Ca. Ca. Carriella Marie Later Company constitue of the second THE COMMENTS OF THE STATE OF TH Colabb Light Megawinaly Lightley Local Lightley Loc BYS TE DIEM A P. Gerrald Head. | word |

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mine the second of the second

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALLTYGIENE

	REGISTRAR	WILLSON	31 3		REG. NO.	
	ASED NAME PIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
11000	Lloyd	С.	Reid		August 13,	1985 M
3 SEX	14.	RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
	Male, TE MASS	Black	2 III	<sup>1</sup> 2 07 <sup>2</sup>	77	MONTHS DATS HOURS MIN.
	MATERIA	CITIZEN OF WHAT	AA A DDU	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
1	N.C.	US	A widow	ED DIVORCED	Baltimore (	MD.
Ba	ltimore	Good Sa	maritan Hos	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR INDUSTRY
JSUAL 30. ST	RESIDENCE (IF NURSING HOME OR O ALF MD Balti	THER INSTITUTION GIVE RE	sidence before admission; ITY OR TOWN ite Marsh	134 INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS / ZIP 5510 Loyd Av	CODE 21162
∮4 FAT	HER'S NAME William	DDLE	Reid	Ellen	MË MIDDLE	Grimms LAST
60 W	AS DECEASED EVER IN U.S. ARM	ED FORCES? 16b S	OCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
{YE	NO OR UNKNOWN) (IF YES GIVE	21	7-03-6687	Emma Reid 55	10 Loyd Ave.	
1	PART I. DEATH WAS CAUSED IMMEDIATE	8Y:	Sepsis			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUETO, OR AS A	CONSEQUENCE OF			N GIVEN IN PART 110
CERTIFICATION	DATE OF OPERATION		FOR WHICH OPERATIO		20a AUTOPSY?   20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. A		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 ORPART ?)
<u> </u>	TI INJURY OCCURRED  WHILE NOT WHILE ALWORK	21e PLACE OF IN.		211, LOCATION STREET	CITY OR TOWN	COUNTY STATE
	20.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did) not	7101		nd that in (my) (our pointion	deoth occurred on the date on	19_8 , that (1) (we) ost and hour and from the couses stated
	26 SIGNATURE	el shi la	eh W	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN [	22c. DATE SIGNED 8/13/85
	S. GAIL	WILS		Good	Samarila	in Horpital
	RIAL, CREMATION, REMOVAL Cremation	8/16/85		cemetery or crematory	Battimore	COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR 1101 E. North Ave. Wm. C. March F/H

. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

5. 1005

BALTIMORE.

DIVISION OF VITAL RECORDS

# STATE OF MARYLAND

1	1-	STATE REGISTRAR		CER	TIFICATE OF DEATH		i. NO.	Y
		CEASED NAME FIRST OR PRINT) Mrs. Ma	ary Frances	s Reime	LAST	20. DATE OF DEATH	et 13 1985	YEAR 2b. HOUR 450
	3. SEX		4. RACE	5. DA	TE OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY) IF UNDER	RIVEAR IF UNDER 24 HRS
	Fe	male	Caucasian	Ma	rch 19 1899	86	YRS	DAYS HOURS MIN.
	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8 MAR	RRIED NEVER MARRIED DOWNED DIVORCED	9 BALTIMORE CIT Baltimore	Y OR COUNTY OF DE	ATH MD.
0	10 CI	or town of DEATH		L, NURSING HOA	AE OR OTHER INSTITUTION	12a. USUAL OCCUP (TYPE OF WORK FOR MO Homemaker	ATION 12b	KIND OF BUSINESS OR USTRY
5	13a S <b>Ma</b>	100 000	JNTY 13c. CIT	DENCE BEFORE ADMISSI Y OR TOWN Ltimore	13d Inside City Limits?  YES \( \begin{align*}	13e STREET ADDRE	SS / ZIP CODE	21207
2		anislaus Branick	WIGDIE	LAST	Frances Gebo	MIDDL	E	LAST
-		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY N	O. 17 NGeneral Germ	an Aged Peop	1855 S	21229
1.1	No		21	3-03-5348D	22 S. Athol	Ave.	Baltimore	Maryland
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A C	PINATION CONSEQUENCE OF CONSEQUENCE OF LEG	F			APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH HOUNS HOUNS AND DEATH  PART I 10
1	CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	Y	TION WAS PERFORMED	200 AUTOPSY?  YEND NOTE THE PROPERTY OF THE PR		FINDINGS USED AUSES OF DEATH? NO
	MEDICAL	OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		RY	211 LOCATION	CITYO	PRIOWN COL	UNTY STATE
		22a. I certify that within has sow the deceased alive a above. (I) [yel] (did) (did) 22b. SIGNATURE	To view the body after de		DEGREE  ATTENDING PHYSICIAN [		STAFF 220	om the couses stated a DATE SIGNED
1		STEVEN H.	DEARLYM	$\sim$	ST. ALNE	MESIPIPIZ	500 S.	CARON ALL
	230 B	URIAL, CREMATION, REMOVA	23b DATE 8-17-85		OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	Baltin	ore Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

8-17-85 Woodlawn Ce Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

Baltimore Maryland

BY REGISTRAR 25 , REGISTRAR'S SIGNATURE 6 1985 1985

	St. Israel				
		981 97 (2 of		204(192)	
	villa emitari				
	mared		Lating the	25. kg	
	and and in note			pin offst	draigali
19 19 1941	Dalward Block Mayor (1955) to (205) August (1955) to (205)				

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

STATE OF MARYLAND FOR STATE

Balto, MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 2 5 7 2

	REGISTRAR				REG. NO.			
	ECEASED NAME FIRST	WIDDLE	l.	AST	20 DATE OF DEATH M	ONTH DAY YEAR	26 HOUR	
15			J. M.	REMLEY	August 22		М	
1,5	EX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
1	Female	White	Jan.	27, 1900	85	YRS		
14	IRTHPLACE   STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH		
1/	MD	USA	WIDOWE	DIVORCED [	Baltimore		MD.	
p	OTY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR	
L	Baltimore	Union Men		spital	Key Punch	USF	& G	
130		E (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136. COUNTY  136. CITY OR TOWN  138. INSID  YES   YES  YES		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	rator ZIP CODE Road, 212	or	
1	FATHER'S NAME	MIDDLE		15. MOTHER'S MAIDEN	NAME			
Y	James		Nonks	Rosa	May	Bea	all	
160	WAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17 INFORMANT	ADDRESS	5		
	(YES NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 215	07 8530	Miss Rosa	a L. Monks,	Same	A	
CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (			X (DXX II) SYLI	200 AUTOPSY?	206 IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS USED OF DEATH?	
ERT	210 ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY		Tale HOW IN HIRY OCC	URRED (ENTER NATURE OF INJURY)	YES _	NO 🗌	
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MOI	NTH DAY YEAR		ONNED TEMPERATURE OF INJURY	MALIEM TO THREE CORPARTS		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P.M. 21e PLACE OF INJUR	19 Y	211 LOCATION				
A	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	RY, OFFICE, FARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE	
	22a   certify that (I) (this hasp	C(I) = ICI	<b>5</b> _19, on	DEGREE ATTENDING		22c. DAJE		
<	IM PHYSICIAN'S NAME (1985	). ware	my /	220 ADDRESS	DIRECTOR PHYSICIA	ND 144	100	
	Dr. Thomas		, MD		Road, Balto	., MD 21	1212	
230	BURIAL, CREMATION, REMOVAL		230 NAME OF C	EMETERY OR CREMATOR		COUNTY	STATE	
	Burial	8/26/85	Mt. Ta		Harford (	County,	MD	
24	FUNERAL DIRECTOR Henr	y W. Jenki	ins & Son	s Co. 250 D	DATE RECID. BY REGISTRAR 25	HEGIS ANGLICAM	Section 1	
1/	1905 York Road	l Bal	to MO	21212	HUO & U BOO			

21212

DHMH - 16 60M 7/84 (VRA 15, 4)

4905 York Road

BP

TO FUNERAL DIRECTOR. After this certificate has been

S).0022

MANUFACTURE AND STREET

Former of the contract of the

LET THERE I. MIRLEY, NO. 1939 YEE FELL, BY HILL

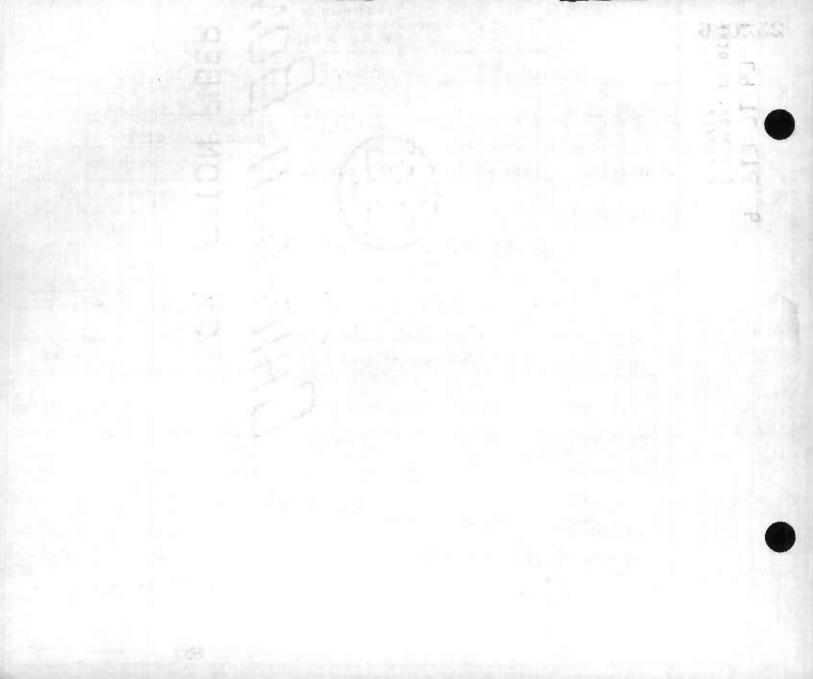
Tenny M. Janeira Co. Aug. Aug. 6 M. C. Aug. Co. Aug. 6 M. C. Aug. 6 M. C.

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE

1		REGISTRAR		CENTIFICATE OF DEATH	REG. N	O.				
0	1 DECEASED NAME FIRST MIDDLE			LAST	20 DATE OF DEATH		26 HOUR			
2000	(TYP	DOROT:	НҮ	REYNOLDS	AUGUST 3	30,1985	06:17AM			
E	3 SE	X	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS			
4 0 0		Female	White	May 7 192	22 63	YRS DAYS	HOURS MIN.			
TON OF	la B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEATH				
m 822		Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE	BALTIMORE CITY MD.				
12/200					ITYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY	OF BUSINESS OR			
N 14 10-		LTIMORE	THE JOHNS HOP		L Housewif	e -				
1 18	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  13e STREET ADDRESS /						01071			
0	-	ATHER'S NAME	Darcimo	TE YES NO [		astle St.	21231			
I HADO	1		MIDDLE	FIRST	WIDDLE	MIDDLE				
D 00	116a \	Michael was deceased ever in u.s. ar	MED FORCES? THE SOCIAL SECU		izaheth ADDRI					
ond oge		YES, NO OR UNKNOWN)	E WAR OR DATES)				21231			
ers. P		no i	1215-14-		Reynolds 22		e St IMATE INTERVAL ONSET AND DEATH			
hysin pop novo		PART I. DEATH WAS CAUSE		-1 -	or 10 who	SETWEEN!	ONSET AND DEATH			
rbon r ren		IMMEDIA		racting Tall	-1 C/ DISH C	2) 20	Vi?			
rend on, o		Condition to the	DUE TO, OR AS A CONSEQUE	1 00 100 210	al offuno	7x	2.1			
mov motion		Conditions, if any, which gove rise to immediate		9	a off C	30	40045			
of the series		couse (o), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF ALCO CA								
peled union		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
n sig Then to b injury	20				The Brown of the B					
been been prior	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDII IN CERTIFYING CAUSES	NGS USED			
he los ion.	1 1	4664 D. T.			YES NO X	YES [	NO [			
icate rons Hyg	Ü	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY O	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)				
SICIA ng pl certif certif iriol-t	SAL	OR CONTRIBUTING CAUSE OF DEA	1111	19						
PHYS ndin this of d Me d Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TO	OWN COUNTY	STATE			
ther the hon	2	AT WORK NOT WHILE			-1	3 0				
NDIR I or II			tol) ottended the deceased fram_	8/26 19_	80 , ta 8/-	1900	that (I) (we) last			
Sprite CTO Lifer of h		saw the deceased alive an above, (1) (we) (did) (did no	t) view the body ofter death.	, and that in (my) (our) op	oinian death accurred on the d	ote and hour and from the	couses stated			
OR DIRE		22b. SIGNATURE	mo -11-1	DEGREE	INCO MEDICAL CYA	22c DATE	SIGNED			
A the Kal		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
OSPI ed b d be he Si		22d. PHYSICIAN & NAME (TYPE	PRINT)	22e ADDRESS	116 c/ C	21/				
etoined by TO FUNERA should be de with the Stot		Rayo USA	the on halfilling	D. GOVINI	NOU COTILE	SCATO, NO Z	BOT			
	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	COUNTY	STATE			
BP		Burial	Sept 3 '89 S	acred Heart c	f Jesus	Baltimo:	re Md.			
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	ADDRESS	21231	DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNAT	URE			
(VRA 15, 4)	LL:	illy & Zeiler	.Inc. 1901 Eas	stern Ave.	OF1 4 1805	1	**			



	1	FOR			DEPA			RYLAND AND MENTAL	VOIENE 2 2	5 7	22	
	1-	STATE REGISTRAR				LEXAMIN		0	OF DEATH	REG. NO.	1	
242064		CEASED NAM	E FIRST	Joseph	Alber		REYNO	LDS	20 DATE KNI OF E DEATH MA	NWN MONTH	-85	2b. HOUR
NECESSARY, PLEASE UNRRAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS		Male	White	5. DATE OF E	25 0	6. AGE (IN YEA LAST BIRTHDA YR		DAYS HOURS	MIN PRONOUNCE DE AD	0-24	19	9:43 M
NECESSARY UNICASION S FOR YOU WITHIN 72	FC	IRTHPLACE (S PRECIN COUNTRY)	nd	U.	S.A.		WIDOWED		Baltim	ore City		MD
PAGE 5. PAGE 7. PAGE 5. PAGE 5	Ва	Baltimore  JSUAL RESIDENCE (18 IN NURSING HOME O		11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Francis Scott Key Med.					Retired	ION (TYPE OF WORK	OR IND OF BU	RY t
1	13a S	Marylan	d 136 COUN	OR OTHER INSTITUT	Bon, GIVE RESIDE	TITY OF TOWN		d. Inside city Limits? Yes XXX NO [	37 South	Highland	. Ave. 212	24
# 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		14 FATHER'S NAME Michael			Reynolds			Mary	W.Cor		Ltzman	
S AFTER GIVE PA PAGES I VISION	16a. \	ES NO, OR UNKNO		WAR OR DATES)	2	16-111-95		Michael 9	. Reynolds	2912 Dun		
STON ST. IN 24 HOUR IN 174 HOUR HOUR HOUR HOUR YGIENE, DI OVAL.		18 CAUSE O PART I DE	F DEATH (Enter or ATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (o).	Arter	(b), and (c).) iosclero	tic ca	ırdiovascı	ular disease		APPROXIMATE BETWEEN ONSE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST SCRIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD "PENDING" IN PENCIL IN ITEM 1 ROED TO THE CHIEF MEDICAL EXAMINER ALONG SE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMI TO EPERARIMENT OF HEATTH AND MENIAL HYGIENE, TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.		gave ri	ns, if ony, which se to immediate ) stating the <u>under</u> use lost.	(b).	O, OR AS A C	ONSEQUENCE C	OF .					
ECORDS, 20  D BE EXECUTE FENDING" IN AKPICAL EX AS A BURIAL SAITH AND W CREMATION	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERMI	INAL DISEASE D	R CONDITION GIVEN IN PA	ART 1 (a			
SHOULD BE EDORD "PENDIN CHIEF MEDIC E USED AS A TOF HEALTH URIAL, CREM	CERTIFICATION	19a. DATE OF	OPERATION	19b C	ONDITION FO	OR WHICH OPER	ATION WAS	PERFORMED?			2D AUTOPSY	? NO [v]
CERTIFICATE SHOULD CERTIFICATE SHOULD ITING THE WORD "PE DED TO THE CHIEF A S SHOULD BE USED. EPPARTMENT OF HE OF PRIOR TO BURIAL, OF		UNDERLYING	CAUSE WAS OR NG CAUSE OF	HOU	ME OF INJUR R A.M. MON P.M.	Y TH DAY YEAR 19	21c. HOV	V INJURY OCCURRI	ED LENTER NATURE OF INJURY	IN ITEM 18 PART I OR P.	ART 2)	
DIVISI WRITING WRITING WAGE 3 SH AGE 3 SH ATE DEP	MEDICAL	WHILE AT WORK	OCCURRED  NOT WHILE AT WORK		ACE OF INJU ET, FACTORY, FAR	JRY (AT HOME, M, ETC)	21f LOCA STRE		CITY OR TOWN	cc	DUNTY	STATE
220. I certify that I took charge of the remains described above, held an Autopsy Inspection, Inquiry, and in death resulted fram:									DATE	8-25-8	35	
TO MEDIC EXECUTE T PAGE 4 SH TO FUNER AFTER DEA	-	EXAMINER'S (TYPE OR PRI				Corell,M.	AL	DDRESS	Penn Street			
07/84 BP	(1	URIAL, CREMA SPECIFY)  BU UNERAL DIRECT	rial	8-28-	35	Oak Law		eteru	23d LOCATION CITY OF TOWN CASTON	Balto (	o Md.	TATE
DHMH - 17 (VR A15 ME (5))			S.Zeiler	& Son	Inc.	701 S.Con	rkling		3 2 8 1985 <sup>1</sup>	Me Dunds	on-Andell	-

ACOCYC Missel Color Colo

Arrial 58-25-30 Joint

there is . Ising on the 101 . Courtes a

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCLENE

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

	CERTIFICATE OF DEATH	REG. NO.			
J.E	Reynolds	20. DATE OF DEATH MONTH DAY YEAR August 11, 1985	26 HOUR 5:06 P		
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR	IF UNDER 24 HRS		
	MONTH DAY YEAR	MONTHS DAYS	HOURS MIN.		

Female Black Ja. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? USA

MARRIED NEVER MARRIED WIDOWED DIVORCED

Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

13e STREET ADDRESS / ZIP CODE

BALTIMORE CITY OR COUNTY OF DEATH

2035 E. Lanvale St. 21213

12h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Maryland General Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY

PART I. DEATH WAS CAUSED BY

FIRST

Lillie

4 RACE

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c)

13c. CITY OR TOWN Baltimore

Beard

YES X 15. MOTHER'S MAIDEN NAME

Josephine

Hall<sup>ASI</sup>

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

14 FATHER'S NAME Clarence

(NOOR UNKNOWN)

MD

10. CITY OR TOWN OF DEATH

FOR

I. DECEASED NAME (TYPE OR PRINT)

- STATE REGISTRAR

3. SEX

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

166 SOCIAL SECURITY NO

17 INFORMANT

ADDRESS Wyatt Reynolds 2035 E. Lanvale St.

IMMEDIATE CAUSE (a) Cardiac Arrest Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse last

(b) Respiratory Failure

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

Diabetes Mellitus

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Dehydration

19a DATE OF OPERATION

21d. INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 YEAR 19

August 10

DEGREE

23c NAME OF CEMETERY OR CREMATORY

211 LOCATION

CITY OR TOWN

August 11

COUNTY

STATE

STATE

NO T

sow the deceosed alive on <u>August 11</u> abave, (**K**(we) (did**XXXX**) view the bady after death , 19\_\_\_\_85\_\_, and that in 🗱 (aur) apinion death accurred on the date and hour and Iram the causes stated 72h SEGNATU

23b. DATE

220.1 certify that (K (this haspital) attended the deceased from\_

PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

NOXX

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Michael Herr, M.D.

230 BURIAL CREMATION REMOVAL

NOT WHILE

c/o Maryland General Hospital

0

FUNERAL

ld b

DIVISION OF VITAL RECORDS

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm. CAME March F/H 1101 E. North Ave.

CERTIFICATION

à

00

0

rriol-tronsit nd Mentol Hyg

> Burial 8/15/85

Baltimore Cem.

CITY OR TOWN Baltimore

COUNTY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

85

23d LOCATION

we waydon- Handale

2018	1-	FOR ITEM NUMBERS OF THE REGISTRARD	ER8721283, D	PARTMENT OF	TE OF MARYLAND THE CHYG HEALTH AND MENTACHYG FICATE OF DEATH	2 2 3 REG. NO.	7 5		
eath .	1 DEC	PPRINTIPLES 61.	1 B	R	holes	20. DATE OF DEATH MONTH	SS SHOUR		
ectar, po rs ofter d	3 SE	Female	WH ITE	MON	OF BIRTH  DAY  YEAR  1-14-84	6. AGE (IN YEARS LAST AFFENDA) PROWN PORTO YRS	IF UNDER LYEAR IF UNDER 24 HRS.		
in 72 hau	Ja Bi	RTHPLACE (STATE OR FOREIGN	The CITIZEN OF WHAT COLUMN	MARRI WIDOW	ED NEVER MARRIED DIVORCED	Baltimore CITY OR COUNTY  Baltimore			
by the fu	100	BALTIMORE	11. NAME OF HOSPITAL,			176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR		
filled in I		AL RESIDENCE (IF NURS		CE BEFORE ADMISSION	136 INSIDE CITY LIMITS?	13. STREET ADDRESS OF TOP	/E 21405		
mpletely and 2 sh	14. F.A	THER'S NAME FIRST	MIDDLE	AST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST		
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the hosping of placed for the Dept. of the Dept. of the Market State of the Market State S		abave, (I) (we) (did) (did n	not) view the body ofter death	2 11	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF	22c. DATE SIGNED		
FUNERA Jid be do the Sta		THE PHYSICIAN'S NAME (TYPE	OR PRINT)	s	270. ADDRESS	longland Ho	spill		

DHMH - 16 60M 7/B4

BP.

24 FUNERAL DIRECTOR (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Removal

Anatomy Board

23b. DATE

8/8/85

ADDRESS Balto., Md.

231. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

COUNTY STATE

STATE OF MARYLAND

will ann white Sanites with a co via tea A. clor . Cota - Est ill and ... and the second of the second o John . Tiles Inc-1717 Delain ... - 1775 ... Silk 3 . Esti ...

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AC HYGIENE

21125	1	LOR STATE REGISTRAR				CERTIF	E OF MARYLA EALTH AND A ICATE OF D	MENT AC HYG	REG. NO.	/ 3	
. 75.5		PECEASED NAME	Char		F.		RICE		20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
d de de	, Jee		Char.		Г.				August 5, 198		12:54
mod w	4	EX		4 RACE		S. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
8	THE RESERVE	Male		Black		9	1°0	24	60 YRS		
Poor Book		BIRTHPLACE (STATE COUNTRY) Waryland	OR FOREIGN		S. A.	MARRIE WIDOWE	D NEVER A	AARRIED .	Baltimore City or Count		,
s offer o	8	CITY OR TOWN OF Baltimore		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET TYLAND GOT	neral	ROTHER INST		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Truck Driver		OF BUSINESS C
fille in naula be		ual residence in a state Maryland	13b COUI	ROTHER INSTITUTION	Baltimo	ADMISSION) N RE	13d INSIDECT	ITY LIMITS?	130 STREET ADDRESS / ZIP COL 1612 N. Gilmore	e St. 2/2/7	
impletely and 2 sh		FATHER'S NAME Edward		WIDDLE	Rice			S MAIDEN NA/	WIDDLE	Duva	all
e execut		WAS DECEASED EN	LIEVES GI	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA		ADDRESS 432 W. Garrison		
that the death ce by the attending cose remove carb of, cremation, ar r		Conditions, if a gave rise to cause (a), st underlying co	immediate sting the	; (p)	R AS A CONSEQUE  Hyperte  R AS A CONSEQUE  Multipl	nsion					
requires 1 ten signed t. Then ple or to buric y injury, or	NO	PART 2 OTHER S	IGNIFICANT	CONDITIONS <u>C</u>	ontributing to E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION G		
an. has be to permit the permit ene prima aws on	CERTIFICATION	190 DATE OF OPE	W/6 E_		ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	IN CERT	ES, WERE FIND IFYING CAUSE (ES ]	INGS USED S OF DEATH? NO
SICIAN ng phys certifico certifico priol-troi tental Hy Item 18	MEDICAL CE	OR CONTRACTOR	CAUSE OF DE	HOUR A.	M. MONTH DA	YEAR			RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
ottendi otten this as the but th and M	MED	21d INJURY OCC	WHILE WORK		OF INJURY REEL FACTORY OFFICE, F		21f LOCATIO	0.5	CITY OR TOWN	COUNTY	STATE
ATTENDI ospital ar ECTOR. A d far use t. of Heal m 21 is ma		sow the dec	(X(this hosp cosed alive or	ntal) ottended the August	e deceased from		nd that in (m <b>%</b>	_, 1985 (aur) apinian (	, to August 5 death accurred on the date and ho		
by the horse and the horse detached State Dept.		22d. PHYSIZIAN'S	NAME WES	SP ORINITI	Hen	m.o.	A F		MEDICAL STAFF DIRECTOR PHYSICIAN 3		5/85
TO HOSPITAL TO FUNERAL should be det with the Stote IMPORTANT:		Micha		rr, M.D.					and General Hosp	ital	
BP 12	, 234	BURIAL, CREMATIC (SPECIFY)	N, REMOVAL	23b. DATE 8-9-2			emetery or con the control of the co		23d LOCATION CITYORTOWN  tery Owings Mill	S. Mar	ryland
	24	FUNERAL DIRECTOR			1				E REC'D. BY REGISTRAR 25h. REGIS		

Bailey-Douglass Funeral Home 1348 N. Calhoun St.

DHMH - 16 60M 7/84 (VRA 15, 4)

ctery Om:

248090	1 - STATE 9-10-85 D.W.	CERTIFICATE OF DEATH	REG. NO.
10 x0000		DDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
oy be deepth deepth	(TYPE OR PRINT)	RICE	08 30 85 ZIYEPM
7 %	DELLA E	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
or. F	J. SEA	MONTH DAY YEAR	MONTHS DAYS HOURS MIN.
age de sur	15	05 01 25	60 yrs.
a pod	70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF W	HAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
eo th	USA MARYLAND USA	WIDOWED DIVORCED	BACT CITY MD.
D 5 1 0 0	ID. CITY OR TOWN OF DEATH 11. NAME OF HE	OSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR
of the led of the	BALT CITY SIN	FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
ed within 24 hours mpletely filled in by cond 2 should be fill ord aniae fill		NYE RESIDENCE BEFORE ADMISSIONI	
20 4 th		3c CITY OR TOWN 13d. INSIDE CITY LIMITS?	
AN 22	MD	BACT YES NO [	3055 SPAULDING AUT 21210
Min See See See See See See See See See Se	14 FATHER'S NAME FIRST A MIDDLE	15. MOTHER'S MAIDEN I	NAME MIDDLE E- LAST
AM P	Samuel	Digas Elizale	off Tyler
SE SE CONTRACTOR	160 WAS DECEASED EVER IN U.S. ARMED FORCES?	66 SOCTAL SECURITY NO. 17. INFORMANT	ADDRESS
Mo ex	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	213-12-0515 McKinly Ric	2055 Smulding Arie
MITIN Cion Cion Cion He r	A CONTRACTOR OF A CONTRACTOR O		APPROXIMATE INTERVAL BEHWEEN ONSET AND DEATH
hysint, int.	PART I. DEATH WAS CAUSED BY:	The state of the s	
ST.	IMMEDIATE CAUSE (0)	CARDIC ARREST	30 MIN
ondic continuo	DUE TO, OR	AS A CONSEQUENCE OF	1 - 11
he death of the attending mation, or recommending or recommendation.	Conditions, if ony, which (b)	REST ARREST	3 Mrs
the entre	gove rise to immediate couse (a), stating the DUETO.OR	AS A CONSEQUENCE OF	
by by ose	underlying cause lost.		
20 es t		NTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
SDS significant si	& RENAZ FAILURE		
NG PHYSICIAN: The low requires the ottending physicion.  After this certificate has been signed be of the buriol-transit. Then plea to and Mental Hygiene prior to buriol, thou Amental Hygiene prior to buriol, orked or them 18 shows any injury, or or the order or them 18 shows any injury, or or the order or them 18 shows any injury, or or the order or the orde		ION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
ws of a	190 DATE OF OPERATION 196. CONDIT	****	YES NON YES NON NON YES NON NON NON NON NON NON NON NON NON NO
TAN The sicio	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF	INJURY 71/2 HOW IN JURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Prys	OR CONTRIBUTION OF COURT OF DEATH HOUR A.M	MONTH DAY YEAR	CONTENT (SMICK ON MAJOR) HATEM IS LAND ON LAND 2)
No SiC ng cent ment then then	OR CONTRIBUTION CAUSE OF DEATH  (IF EITHER NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  AT HOME, STREI  (AT HOME, STREI		
SIO PHY ending this dor dor dor	21d. INJURY OCCURRED 21e. PLACE O	F INJURY ET, FACTORY, OFFICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN COUNTY STATE
ot fre hor	AT WORK AI WORK		
A A A SE	220.1 certify that (I) (this hospital) attended the	deceased from AUGUST 30 , 19 8	5 , to AUGUST 30 19 85 , that (I) (we) lost
TTEP TTO For of H	sow the deceosed olive on AUGUST obove, (I) (we) (did) (did not) view the body of	ter doth	on death occurred on the date and hour and from the causes stated
REG APT.	27b. SIGNATURE	DEGREE	22c. DAJE SIGNED
the Contraction	CSE/downty	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN NO 08/30/85
PITA by Stot	224. PHYSICIAN'S NAME (TYPE OR PRINT)	27e ADDRESS	DIRECTOR PHYSICIAN EL 108 3 0 83
HOSE ined FUN old b	ALEX HARMATO	SINAI H	CIM, TJAB, 780
TO HOSPIT. TO FUNER should be owith the Ste			
	230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)	234 NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN COUNTY STATE
BP	Burial 9/4/85	Arbutus Mem Pk	Arbutus Md
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR .	711 Da ca 3 11Clis 1 K 250. D	ATE REC'D. BY REGISTRAR'SS REGISTRAR'S SIGNATURE
(VRA 15, 4)	Wm C. March F/ H 430	00 Wabash Avenue	SEP 3 1985 Julia Davidson-Adridate.

ITEM NUMBER 7aFPER.PH.CALL STATE OF MARYLAND

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	ENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4, may ral or offending physician.	OR: After this certificate has been signed by the attending physicion and campletely filled in by the furnal drawing pages. Pages Fand 2 should be filed with 122 forms the de

232075		FOR STATE REGISTRAR	DEPARTMENT OF health are mentioned trained to the CERTIFICATE OF DEATH  REG. NO. THE CONTROL OF THE PROPERTY O								
o 6 E		CEASED NAME FIRST	MIDDLE			DATE OF DEATH AMONTH	DA YEAR 26 HOUR				
ay be oge 3 deoth	2.05	EDWARD	В	RICH	SR.	AUGUST 12 19					
4/1	3. SE	X	4 RACE	S. DATE C	15° 12°	6 AGE JIN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
00 (16)		ale	Black		15 12	YRS.					
Section 2		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	WIDOWE		BALTIMORE CITY OR COUNT					
by the further desired with	BA	LTIMORE		CENTER B	ALTIMORE MD	120 USUAL OCCUPATION   TYPE OF WORK FOR MOST OF WORKING	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY				
iy filled in should be	13a :	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUI		TOWN MORE	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COI 11 W. 20th St.	DE 21218				
uted within	14. FA	THER'S NAME Charles	MIDDLE RIC		Saffie	WIDDLE	Beasley				
on ond co		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GI' YES	VE WAR OR DATES)	9616	Delores Rich	1402 Madison Av	ve.				
been signed by the ottending physici mir Then please remove corbon paper prior ta burial, cremation, or removal.	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	PO KALUM EQUENCE OF TO DEATH BUT	Possible Antibi NOT RELATED TO THE TERM Pemphagana	the toxcity  VINAL DISEASE OR CONDITION G  200. AUTOPSY?  200. AUTOPSY?  200. AUTOPSY?	BETWEEN ONSET AND DEATH  DETWEEN ONSET AND DEATH  IVEN IN PART 110  ES. WERE FINDINGS USED				
icate has ransit per Hygiene 118 shows	CERTIFIC	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21¢ HOW INJURY OCCUR		TIFYING CAUSES OF DEATH? YES NO SPART (OR PART 2)				
ENDING PHYSICIAN along opposite this certificate use as the bural-triple Health and Mental is marked or them 1	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTHYMEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  270 1 certify that (Withis hosp	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFI	19 FICE FARM, ETC.) Om JULY	211 LOCATION STREET	city OR TOWN  to August 12  death occurred an the date and he	COUNTY STATE, 19 $85$ , that ( $X$ (we) lost				
the hospital the hospital to DIRECTO		27b. SIGNATURE	ot) view the body after death.		DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED				
TO HOSPITAL eroined by the TO FUNERAL should be detoo with the State IMPORTANT: If		Russey O.	Brown UNO		PHYSICIAN [ 22e ADDRESS 3900 Loch	DIRECTOR PHYSICIAN DX  Raven Blvd. Bal	8-12-85   timore Md 21218				
BP		Burial, cremation, removal Burial	8/16/85		n Forest VA	OWINGS Mil	Iscounty MD STATE				
DHMH - 16 60M 7/84 (VRA 15, 4)		. C. March F/H	1101 E. Nort	th Ave.	AUG AUG	e rec'd. by registratives registratives					

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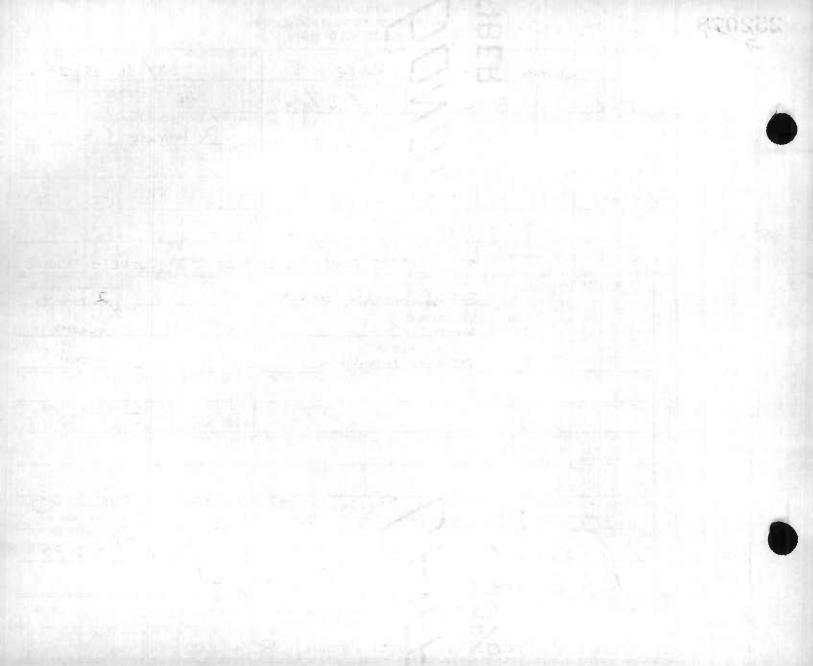
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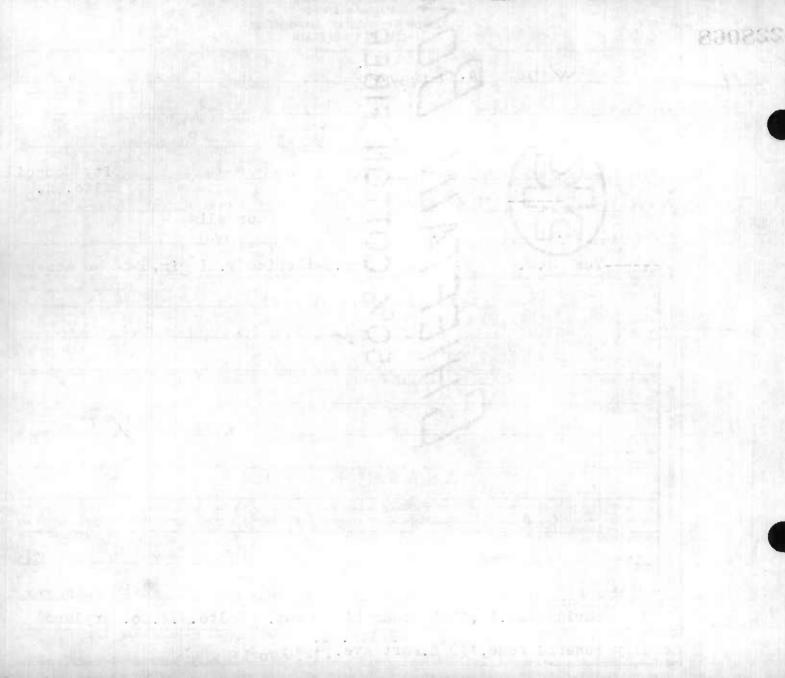
6010 REISTERSTOWN RD. BALTO, MD 2121

SOL LEVINSON & BROS., INC.

properties and appropriate the second of the

252078	1.	FOR STATE	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		8 2
7	1 00	REGISTRAR	MIDDIE	LAST	REG. NO.	7
e 4 may be (ctor, page 3		CEASED NAME EIRST		Riddle	20 DATE OF DEATH MONTH DA	1
a po ter o	3 SE	X	4. RACE	5. DATE OF BIRTH	MC MC	UNDER 1 YEAR IF UNDER 24 HRS
Poge 4 hours of		Male	Black	11 / 14 /1893	86 YRS.	
72 ho		RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
deot in 7		eorgia	U.S.A.	WIDOWED DIVORCED	Baltimore	City MD.
by the fune filed within	10 C	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS)	120 USUAL OCCUPATION [TYPE OF WORK EOR MOST OF WORKING LIFE]	126. KIND OF BUSINESS OR INDUSTRY
24 hour	130.	ALRESIDENCE (IF NURSING HOME O STATE 13b. COUI aryland	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 136. CITY OR TO Balt		13. SIREET ADDRESS / ZIP CODE 516 East 21st	Street 2121
within within	14. F.	ATHER'S NAME	Line and the second	15. MOTHER'S MAIDEN NA		
on on on one		John	Riddle	Sommie	MIDDIE	LAST
Poges 1		WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (1F YES, GT YES	VE WAR OR DATES)		iddle 9827 Dor	vale Avenue
e b coor	H		nly one couse per line for (a), (b),		Tuale Jozi Dol	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical physical physical population physical p		PART I. DEATH WAS CAUSI	EN RV	ulmonary arrest		2 minutes
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signer hen pl no bury, o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
y ion	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
he low	FF					ING CAUSES OF DEATH?
S of the Co	ERT	710. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
phys phys phys phys phys phys phys phys		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR		
HYSICIA Iding pl nis certif buriol-t I Mentol or Item	MEDICAL	THE EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e-PLACE OF INJURY	19 211 LOCATION		
1 6 6 . ~	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY
or offer the se os the eolth one	15.9		ital) attended the deceased from	n 3/2 19.75	, to <u>8/3/</u> 19	that (li((we)) ast
TEN TO PO		saw the deceased give or	8/31 19		death occurred on the date and hour	
OR AT DIRECT Sched f Dept f frem		77% SIGNATURE	of view the body after death.	DEGREE		22c. DATE SIGNED
	Ш	1166	· MA	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	2/31/25
PITA by Stot		224 PHYSICIAN'S NAME (1984	DEPRINT;	22e ADDRESS	J DIRECTOR PHISICIAN DE	1 0/31/02
TO HOSPITAL (retoined by the TO FUNERAL Eshould be detoined by the Store ElmPortant; if		N.A. Co	hen	Sinait	tospital	
5 5 5 8 M		BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY M.J. STATE
BP		URTAL	9/5/85 N	Md. Veteran's Cem		
DHMH - 16 50M 4/83		UNERAL DIRECTOR	_ ADDRES	250. DAT	E REC'D. BY REGISTRAR 256. REGISTRA	
(VRA 15, 4)	Wm	C March F/H	Inc. 1101 E	North Avenue St	1985	שליין לייי זכטאוניי





A. Alan Seitz, Jr. 3615-19 Chestnut Ave.

(VRA 15, 4)

(VRA 15, 4)

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FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL NEGIENE

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CHA.	5-26		

ł	1 -	REGISTRAR			CERTIF	ICATE OF DE	ATH		REG. NO	).				
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ı	3. SEX		4 RACE		5 DATE C			6 AGE (IN	EARS LAST BIRT	HDAY}	MONTHS	DER I YEAR	IF UNDER	24 HRS
J	1	MALE	BLAC	K	3	3	1910	75		YRS		DAYS :	HOURS	MIN.
4		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MA	RRIED -	9 BALTIMO	RE CITY O	R COUN	ITY OF D	EATH		
t		RYLAND	U.S.	Α.	WIDOWE		RCED [	BALTI	MORE	CITY	1			MD.
I	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTITU	UTION		OCCUPATION FOR MOST OF		GUEEL IN	COMP	THEN	TA9R
4		LTIMORE	MERCY	HOSPITAL				TRUCK				TRAN		I
1	13a S			GIVE RESIDENCE BEFORE 13c. CITY OR TOWI		1 13d INSIDE CITY	LIMITS?	13e STREET	ADDRESS /	ZIP CC	DDE	7	717	24
4		RYLAND		BALTIMOR	E	10-	10 🔲	918 L	YNHUR			I.	-/6-6	
ı	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S M		/E	MIDDLE			LAST	1	
4		WARD		OBINSON		PRICIL						HAWK	INS	
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Į	YE	S W	VI I	105-12-3	726-A	MARY F	. ROB	INSON,	918	LYNH				
I		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one couse per	line for ioi, (b), one	lic I		1		11,000			APPROXIA BETWEEN O	NATE INTER	VAL DE ATH
1			E CAUSE (0)	Myocar	deal	Intar	CTIOY	1			55	5 h	nu	1
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1	36	Conditions, if any, which - gove rise to immediate	(b)	Lung	anc	er - Ja	van	005						
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1	Z	PART 2 OTHER SIGNIFICANT OF	surethr		chor		THE TERMI	NAL DISEAS	E OR CONE	) NOI II(	GIVEN IN	PARI Iro		
1	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH			AED STACK	20a AUTO	OPSY?		YES, WER			
4	FE	87185		B.P. H.				YES	NOD	IN CER	YES	CAUSES	OF DEAT	_
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME O		W WE 18	21c HOW INJU	RY OCCURRE	-	- Ca. J	Y IN ITEM	bugud	R PART 2)		
ı		OR CONTRIBUTING CAUSE OF DEA	NI P	M. MONTH DA M	Y YEAR									
ı	MEDICAL	214 INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION			CITY OR TOV	NN.	C	OUNTY	,	TATE
ı	2	AT WORK NOT WHILE AT WORK	(AI HOME SIN	EET, FACTORY OFFICE FA	IRM, ETC )	A SINCE!			+		9		3	
ı		22a.1 certify that (I) (this hospi		75	8 5	85	19	to	8 13		19_8	35 .	that (I) (v	ve) last
ı		sow the deceased alive on above (1) (we) (did) (did no		ofter death.	01.01	nd that in (my) (a	ur) opinion d	eath accurre	d on the da	te and h	nour and f	from the c	ouses sto	ted
1		226 SIGNATURE	S.	- 0-		DEGREE	Fa In II Io				-27	21. DATE S	SIGNED	
		yuua S	one	peer ai	0	PH.	ENDING YSICIAN [	MEDICAL DIRECTOR	D PHYSIC	IAN D	/	8//3	185	
1		22d. PHYSICIAN'S NAME LTYPE O	R PRINT)	111016	0	22e ADDRESS	COC	11	11-	01	731	1 '		
1		UHNA.	J. J.	MICE	1	///	ERC	91	405/	11	176			
		URIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR CRE	MATORY	23d. LOCA	ORTOWN		COUN	MIY	51	TATE
1	04 5	BURIAL	8-10-		RYLAN	D NAT'L	MEM. F	K	LAURE		RYLA			
	Z4 FU	NATURER & SONS F	UNERAL I	HOME NOT INC			750. DATE	REC'D. BY R					JRE	
		2501 GWYNNS FA	LLS PARI	(WAY			AU	520	1985	grobe	David	100n-A	andel	2.

DHMH - 16 60M 7/84 (VRA 15, 4)

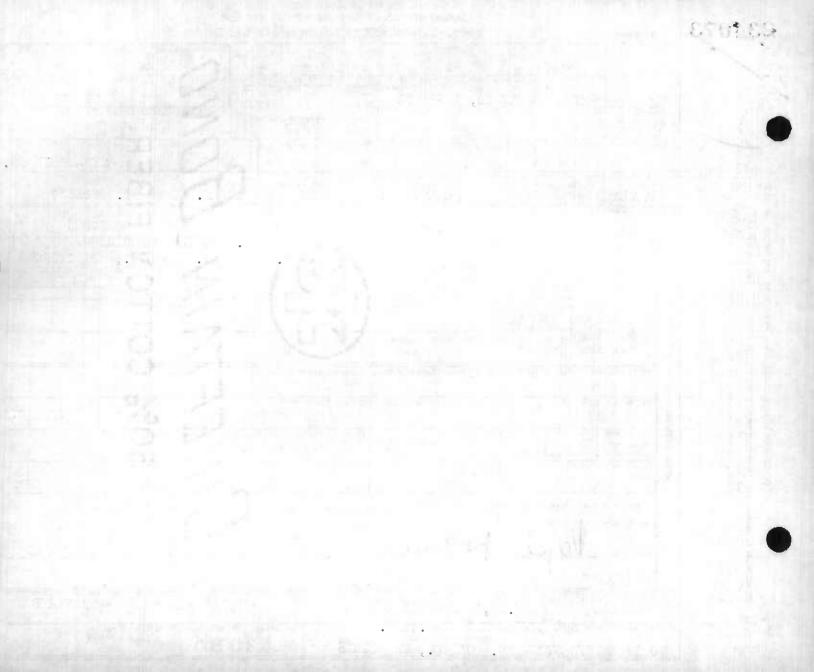
TO HOSPITAL

BP.

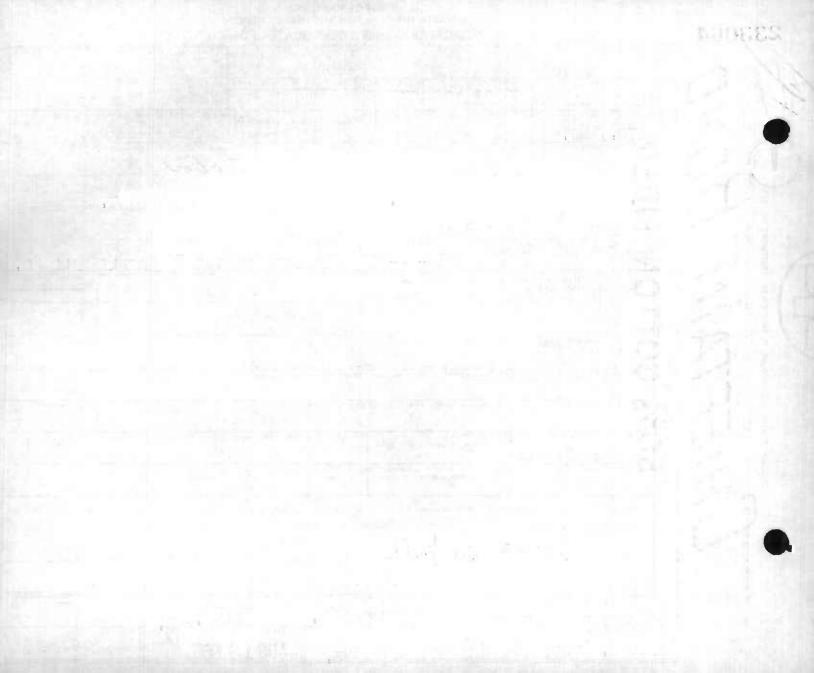
If Hem 21 is marked or Hem 18 shaws ony

23	34073	11-	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICA					3.3	-	H 2	2 REG. N	3 (	3 ,	1	
	whanc		CEASED NAMI			WIDDLE			binso		20	OF DEATH	KNOWN ESTI- MATED	MONTH			26 HOUR
HY	A SEE SEE	3. SEX	(	Fred	S. DATE OF BIRTH	1	AGE (IN YEAR	KC IS IF UND	ER 1 YR. II	E UNDER 2	4 HRS 20		MAIED	M 8	10	1985 YEAR	2d HOU
100	ON ST	MAI	LE	WHITE	JULY 25,	YEAR	32 YRS	MONTHS		HOURS		RONOUN	CED	8	12	1985	2:4
	VECESSAR JUNERAL D FOR YOU WITHIN 7	7a. B1	RTHPLACE (5)	TATE OR	76 CITIZEN OF W	HAT COUNT	RY?	MARRIEI	X NEVE	ER MARRIE	p [] 9	BALTIM	ORE CITY	OR COUN	NTY OF	DEATH	
	DACE A	1	VEW YOR			SA		WIDOWE	D 🗆	DIVORCE	D []	Balt:	imore	City	7,		M
	PAGE S. 201	P	Balti	more	11. NAME OF HOS	. Cros	s Stre	et	TUTITZAI S	ION	FOR MO	ST OF WORK	CING LIFE)	YPE OF WORK	0	IND OF BU OR INDUSTR AMSH I	RY
21201	ANY DEL AND 3 TO RETAIN F HOULD BE RECORDS.	130 S	AL RESIDENCE TATE MARY LAN	D 13b COUN	ROTHER INSTITUTION, G	134 CITY	EFORE ADMISSION		3d. INSIDE CITY YES XXX	Y LIMITS?	13e STREE 125	T ADDRES	ss CROSS	ST.	#2	21230	
RE, MD.	PES 1, 2, 2 A PM 3. A	14. F/	ATHER'S NAME FIRST AARO		WIDDLE	ROBINS	ON ON		5 MOTHER FIR:	ANN	NAME	MI	DDLE	U	NKNC		
BALTIMORE,	PAGORA PAGORA ON O	16a V	VAS DECEASE	D EVER IN U.S. ARA	AED FORCES?	166 SOCI	AL SECURITY	NO.	7. INFORM					ROBI			
SALT	JRS AFTE S. GIVE I WITH FC I. PAGES DIVISION		NO						125	E. CI	ROSS	ST.	BAI	TO.,	MD	2123	30
	MIT. I		18 CAUSE O PART I DE	F DEATH (Enter onl	y ane cause per line  BY: E CAUSE (a)			~ f }				/la	andqu		BET	APPROXIMATE WEEN ONSET	INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	D BE EXECUTED WITHIN 24 I ENDING". IN PENCIL IN ITEL MEDICAL EXAMINER ALON AS A BURIAL - RANSIT PE EALTH AND MENIAL HYGIE CREMATION, OR REMOVA		gove ri cause (a lying cou		(b)	R AS A CONS	EOUENCE O	F									
CORD	PENDING PENDIN	NO	Laki Z Dinek 3i	GNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH	BUI NOT KELATI	O TO THE TERMIN	IAL DISEASE C	R CONDITION (	GIVEN IN PART	1 0						
/ITAL RE	SHOULD ORD "PE CHIEF A CHIEF A E USED / T OF HE/ URIAL, C	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	ITION FOR W	HICH OPERA	AW NOIT	S PERFORM	NED?			1		20	AUTOPSY?	
ONOF	CERTIFICATE SHOUL TING THE WORD "F ED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF HI		UNDERLYING CONTRIBUTION	NG CAUSE OF D	EATH ? P.M	A. MONTH A. 8 1		se	w MUJURY C			TURE OF INJ	URY IN ITEM I	18 PART 1 OR F	PART 2)		
DIVISI	HIS CERT WRITING ARDED AGE 3 SH ATE DEP/	MEDICAL	21d INJURY C	OCCURRED  NOT WHILE  AT WORK	STREET EAC	OF INJURY TORY, FARM, ETC NOME	.)	21f LOCA 51R 125		ross	St,	CITY OR TOW	imore	C	OUNTY		STATE MD.
•	EXAMINER: 1 CERTIFICATE, ULD BE FORW DIRECTOR: P. , WITH THE ST MARYLAND, 2		22a I certi death resulti	fy that I taok chorg	e of the remains de al causes ,	Accident		Autopsy	Homicia	ECIFY)	Undeteri	Inquiry mined ma	nner 🗌	and in my c		0/16/	05
	TO MEDICAL EXAMINED THE CERTIFICATION OF A SHOULD BY TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARY		SIGNATURE. EXAMINER'S (TYPE OR PRI		argarita	A. Kor	ell, M	.DA	Assis	111	MEDIC			to.MI		8/16/	85
07/84	BP			TION, REMOVAL 23								HAMO				ARYLAI	
25M	DHMH - 17	24. FI	NAME	TOR SOL L	EVINSON &		Marie Sant		25		C'D. BY R	EGISTRAF	R 25b. REC	GISTRAR'S	SIGNA	IVRENUL	
	(VR A15 ME (5))		6010 RI	EISTERSTO			MD 2	21215		AUG	201	1985	1	Petr Irea		3.151.17	

CLEMS 2d & 210 17/9/60 MICD 17008 STATE OF MARYLAND



			FOR			DEDAR	STAT	E OF MA			CIENE	450				
23	3064	1-	STATE REGISTRAR			MEDICAL		FR'S CE	RTIFIC	ATE OF	3	, 2 2	2 5	8	8	
100	0004	1. DE	CEASED NAME	FIRST		WIDDLE	EXAMINA	LK 3 CE	IST	AIL OI		DATE KNO	EG. NO.	ONTH	DAY YEAR	Zb. HOU
11/	Balandini	(TYP	E OR PRINT)	Ralp	h			Pol	binso	n		OF EST	1:	8	1519 85	
We	RECTO HOU! STREE	3 SEX		4. RACE	S. DATE OF		& AGE (IN YEA	RS IF UND		IF UNDER 24	4 HRS 2c.	DATE		НТИС	DAY YEAR	2d HOU
M		M	ALE	BLACK	9 2	21° 48°EAR	31 SIRTHDA		DAYS	HOURS /	MIN PRO	DEAD		8	15 19 85	1:28
	ECESSARY INERAL DIII FOR YOU PRESTON	7a. BI	RTHPLACE (SI	ATE OR		OF WHAT COU	NTRY?	8. MARRIEI	D NEV	ER MARRIED	X 9 E	ALTIMORE	-			10.00
	STE SE		ALTO ,	MD.	USA			WIDOWE		DIVORCED			imore		400	M
	S S S S S S S S S S S S S S S S S S S	10 CI	TY OR TOWN		(IF NOT IN	OF HOSPITAL, N SUCH FACILITY, GIVE	STREET ADDRESS)		RINSTITUT	ION I	OP OS	OCCUPATIO	N (TYPE OF V	VORK 12	OR INDUST	
	B5.88	MC114	Baltin			niversi				1.00	hb	bou				
Acre	ANY DAND 3.1 ANY DE SHOULD BE SHOOLD	13a. S	MD.	(15 IN NURSING HOME (		130 B	Y OR TOWN		3d INSIDE CIT	IY LIMITS?	1201	HANO	VER :	ST.	212	30
WD.	A SSHOT	14. F/	THER'S NAME		MIDDLE		LAST	1		R'S MAIDEN	NAME	MIDDLE			LAST	
ORE.	ANG TOO		JOSEP			ROBIN			$\mathbb{D}_{P}$	ALLY						
TIMO	PARTE /	16a. V	VAS DECEASED ES, NO OR UNKNO O	D EVER IN U.S. AR.	MED FORCES WAR OR DATES)	? 166.50	CIAL SECURITY		7 INFORM				DRESS			
BAL	MATH MATH PAG DIVISI					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		298 C	ELES	STE L'	VANS	4539	MAR.	BLE		KD.
51.	E S S S S S S S S S S S S S S S S S S S	1	18. CAUSE O PART I DE	F DEATH (Enter on ATH WAS CAUSE	ly ane couse ; D BY:	_									APPROXIMAT BETWEEN ONSE	T AND DEATH
No.	A 24 N ITE/ ALON IT PEF		35.70%	IMMEDIA	TE CAUSE (a)	O, OR AS A CO	lcoholi			100						-
PRESTON		7.0	Condition	ns, if ony, which	DOE	O, OK AS A CC	HASEGOEIACE (	7								
	PENCI PENCI AMINE TRAI OR R	115		e to immediate stating the under-		O, OR AS A CO	NSEQUENCE (	)F	-			-				
201 W.	UTED WITHI IN PENCIL EXAMINER ITAL-TRANS O MENTAL ON, OR REA	- 5	lying cau													
DS.	F. 8000		PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERM	NAL DISEASE O	R CONDITION	GIVEN IN PART	1 (a)	<del></del>				
0	D BE EXECTED ING. MEDICAL AS A BUILDER EALTH AN CREWATI	N O														
I R	RO "PE A HIEF A USED VSED VSED VSED VSED VSED VSED VSED V	CERTIFICATION	19a. DATE OF	OPERATION	19b. C	ONDITION FOR	WHICH OPER	ATION WA	S PERFORA	MED?					20 AUTOPSY	?
VIT	めるいまとう	TE I		1.6.1116611116						7.5					YES 🗆	NOX
DIVISION OF VITAL RECORDS,	FUEDEO -		UNDERLYING	CAUSE WAS	HOL	IME OF INJURY JR A.M. MONT	H DAY YEAR	21c. HOV	W INJURY	OCCURRED	ENTER NATU	RE OF INJURY IN	ITEM 18 PART	OR PART	2)	
S O	CERTIFICATI TING THE V DED TO THE E3 SHOULD DEPARTME	MEDICAL	CONTRIBUTION 214 INJURY C	OCCUPRED		P.M.	Y (AT HOME,	21f LOCA	ATION							
DIVI	VER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 35 HE STATE DEP ND, 21201 PR	ME	WHILE AT WORK	NOT WHILE E	STR	EET, FACTORY, FARM,		STR			CI	TY OR TOWN		COUN	TY	STATE
	RE, WREWARE, PA	-		fy that I took chore		une aloravilonal ob	and hald a	Autapsy		Inspection	X,		,			
	EXAMINER: CERTIFICATE JULD BE FORE L DIRECTOR: 4, WITH THE SAMARYLAND,		death resulte		ral couses X			cide .	Homici			nquiry	and in	ту оріп	lion	
	ERTINE BUILD		ded.ii resuin	A	6	1	/ 11		TITLE (SP	0.00	Ondeterm	med monner				
	AL ALE		ACTUAL SIGNATURE_	1100	work	lone y	full	M.D			_MEDICA	LEXAMINER		ATE	8/16/	85
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNKER ID IRECTE AFTER DEATH, WITH TI BALTIMORE, MARYLAI		EXAMINER'S	NAME	Margar	ita A	Voroll	M D					Dall	o MIT		
	XECC XECC SALTIV	-	(TYPE OR PRIN	VT)		ita A.		AI	DDRESS_		l Peni		Balt		).	
		1.5	PECIF		35 DATE - 8		NAME OF CEA		CREMATO	RY	23d. LOCA			COUNTY	Y 51	TATE
07/84 25M	BP	24. FI	REMATI	TOR						Sa. DATE RE	DALT C'D. BY RE		REGISTRA	AR'S SIG	SNATURE	
	DHMH - 17 (VR A15 ME (5))	li .	ROY O.	DYETT	4600	LIBERT	v Hora	۸		AHE	104	An An			-Random	) usn
	(-11)			ובוו	1000	LIDEKI	1 11615	AVE		AUU	175	NUJ I				



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**DHMH - 17** 

(VR A15 ME (5))

07/84 25M

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - 517 REC			M	EDICAL EXAM	NER'S	CERTIFICATE O	FDEATH	2 2 REG. NO	8	-)	
	ASED NAME	FIRS	ii .	MIDDLE		LAST	20. DA	TE KNOWN	MONTH	DAY YEAR	26 HOUR
Zime.ca	PRINT)		MARILYN	SODEN	ROCH	E	UI OI	TH MATED	0.22	85 19	AA
1,5EX	1	RACE	5 DATE OF BIRT		YEARS IF U				MONTH	DAY YEAR	2d. HOUR
Fem	ale	Negro		THE PART DIN	YRS.	HS DAYS HOURS		DUNCED EAD	8-23-	QE 19	8PM M
	HPLACE (STA	TRICK .		WHAT COUNTRY?	10	IED NEVER MARRI	9 BAL	TIMORE CITY OF			IAI M
	arvlar	nd	U.S	.A.		VED DIVORC	= 1 02	Itimore	City		MD
10 CITY	OR TOWN C	F DEATH	TI. NAME OF H	OSPITAL, NURSING HO		HER INSTITUTION		CUPATION (TYPE	OF WORK T2	b. KIND OF B OR INDUS	USINESS
Ba	altimo	re	3609	N. Ellamont	Road		Counse		50	oc .Sec	
I3a STA1	ESIDENCE (I TE Arylar	13b C		GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN Baltimor	4	T3d INSIDE CITY LIMITS? YES X NO	13e STREET ADI	DRESS natham Ro	oad 2	1207	
J4. FATH	ER'S NAME		MIDDLE	LAST		TS MOTHER'S MAIDE	N NAME	MIDDLE		LAST	
	rnest			Soden,		Margar	et		Ste	ewart	
Ida WAS	S DECEASED NO. OR UNKNOW	EVER IN U.S	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT		ADDRESS		100	Water 1
	No			219-28-5	715	Herbert H	. Roche	523 Old	Orche	ard Rd	.21229
CERTIFICATION	Conditions gave rise couse (a) s lying couse (RT 2 OTNEB SIGN  a. DATE OF (	if any, we to immeditating the une last.  DPERATION  CAUSE WA:	USED BY:  DIATE CAUSE (a)  Link (b)  LOUE TO, (c)  LONS CONTRIBUTING TO DEA  19b. CON  17b. TIME HOUR A	CANCEY OF  CANCEY OF  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  OF INJURY  AM. MONTH DAY YE	ERMINAL DISEA  PERATION V	SE OR CONDITION GIVEN IN PAI		IF INJURY IN ITEM 18 PA		20 AUTOPSY YES	ET AND DEATH
里~	HILE TWORK	NOT WHILE AT WORK		E OF INJURY (AT HOME, ACTORY, FARM, ETC.)		CATION	CITY OR	RTOWN	COUNT	Υ	STATE
AC SI	death resulted	Mog Name Mar	rte The	Accident , held or Accident , M. [	Suicide^	Hamicide Title (SPECIFY) ASSISTANT	Undetermined	AMINER	DATE	8-24-8	5
23a. BURI.	AL, CREMATI		8-28-85	23¢ NAME OF C		PRICEMATORY PARK	23d LOCATION CITY OF TOWN Arbutus	, Balto	COUNTY	Md. s	TATE
24 FUNI	ERAL DIRECT		0 20 0)					TRAR 25b. REGIS			

Marshall W. Jones, Jr. 4101 Edmondson Ave. 21229

30Dine

Wille Meses July 11 1933 52

A. Y. Ing. . . . . . . .

A :113 On contract Road E1207 Fition's Magylond .

oden, Jr. Mergret JTEWOUS reent

21-20-5/1 'erert h. Roche 523 tla Orderd No.2122

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CEPTIFIC ATE OF DEATH

2 5

REGISTRAR			CENTIL	CATE OF DEATH	REG. NO	5.	2 .
DECEASED NAME	FIRST	MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY YEAR	R 26. HOUR
TYPE OR PRINTS	Helen	R.	RO	dgers	August !	5 1985	8 P.M
SEX	4. RACE	11.	5 DATE C		6 AGE (IN YEARS LAST BIR		
Dama 1 -	0-		MONTH		0.0	MONTHS DA	ATS HOURS MIN.
Female  BIRTHPLACE (STATES		Casian		/29/92	9. BALTIMORE CITY O	P COUNTY OF DEATH	1
COUNTRY)			MARRIE	D NEVER MARRIED			
Maryland		SA	WIDOWE	- 22	Baltimo		MD.
CITY OR TOWN OF		E OF HOSPITAL, NURS IN SUCH FACILITY, GIVE STRI		OR OTHER INSTITUTION	12a USUAL OCCUPATI		ID OF BUSINESS OR
Baltimor	e   4	25 S. E1	lwood	Avenue	homemake		
SUAL RESIDENCE (IF NO	136 COUNTY	136 CITY OR TO	and working and al	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	710 CODE	
Marvland		Balti		YES NO		Llwood Av	0 . 21224
FATHER'S NAME		IDAICI	MOLE	15 MOTHER'S MAIDEN NA	AME	IWOOG AV	C. 21463
FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST
Frank	Joseph ER IN U.S. ARMED FOR	Pluc ES? 166 SOCIAL SE		Magdali 17 INFORMANT	na ADDRE	<u>Bajt</u>	Len
(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DA	TEST				Saughter	abov
No		218-46	-/646	Miss G	Gertrude Ro	odgers, Ad	dress ROXIMATE INTERVAL EEN ONSET AND DEATH
Conditions, if a gave rise to i cause (a), sto underlying cau  PART 2. OTHER SI  19a. DATE OF OPER  21a. ACCIDENT WAS	mmediate with the see last.  GNIFICANT CONDITION  GNIFICANT CONDITION	o, or as a consec ARTE	NUENCE OF RIOSC O DEATH BUT	LERUTIC  NOT RELATED TO THE TERM  LUTUS  N WAS PERFORMED	CARDIOVA	206. IF YES, WERE FIN IN CERTIFYING CAU:	NDINGS USED SES OF DEATH?
				In usuana	YES NON	YES [	NO 🗆
OR CONTRACTOR C		IME OF INJURY JR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART I OR PART	2)
(IF EITHER NOTHY M	_	P.M.	19		Application of the		
E WHILE I NOT		LACE OF INJURY OME STREET, FACTORY, OFFIC	E, FARM ETC )	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
saw the dece	(l) (this haspital) attendased alive an l) (did) (fid no) view the	3/24 19	85. or	d that in (my) (aur) apinian EGREE ATTENDING	MEDICAL STAF	ate and have and from	the couses stated  ATE SIGNED
226 PHYSICIAN'S	A AE (TYPE OR PRINT)			22e ADDRESS	DIRECTOR D PHYSIC	IMIN	
Dr Mi	guel Kara	cuschans	ksz M I	300 E. 3	33rd Stree	+ Balto M	42
30 BURIAL, CREMATIO				EMETERY OR CREMATORY	23d LOCATION	- Darrol	ici.
(SPECIFY)	1, NE. 110 TAL 230. DA	20	, OI C	EMELLINI ON CHEMMIONI	CITY OR TOWN	COUNTY	STATE

DHMH - 16 60M 7/84

BP

TO FUNERAL DIRECTOR: After should be detached far with the State Dept. af IMPORTANT IF He

Burial 8/8/85 Holy Rosary Cem. Balto, Md.

FUNERAL DIRECTOR

SCHIMUNEK FUNERAL HOME, Balto, Md. 21213

8/8/85 Holy Rosary Cem. Balto, Md.

Balto, Md. Burial
24 FUNERAL DIRECTOR (VRA 15, 4)

STATE

ACUTE MYECHRIBE INFARCEION CORDINARY ARTERY DISCASE ARTERNSCEERUTIC CHRONOVAC. DIS DIMBETES MELLITUS 38-5-8

PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2259

•	91.0	REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.		
		CEASED NAME	CATH	ERINE	REBECCA		ROGERS	20. DATE OF DEATH	8/	DAY YEAR 10/85	26 HOUR 805pm
-	S. SE)	Female		* RACE Whit	e	Dec.	DF BIRTH 22,1913 YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN,
0		RTHPLACE (STATE OR P	OREIGN	76 CITIZEN OF USA	WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED K	9. BALTIMORE CITY	0.510.00	TY OF DEATH	MD.
4	1	TY OR TOWN OF DEA		UNIO	N MEMORI	AL HOS	PITAL	(TYPE OF WORK FOR MO Register	ST OF WORKING	LIFE) INDUSTRY	of Business or li ©al
5	13a S M	aryland	136 COUN		I GIVE RESIDENCE BEFO 13c CHY OR TO Baltimo	WN	134 INSIDE CITY LIMITS?	13. STREET ADDRES	s/ZIPCOD	oe ity Pkwy	y. 21210
5	14 FA	THER'S NAME James	Lyon	n Rogers	LAST		Alice I	ME Jevering		(AS	57
		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SEC 220-30-		J. Lyon Roge	ers, Jr. B	Parl:	iment Ct	21212
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one couse pe DBY TE CAUSE (0)	Cardia		errest			BETWEEN	IMATE INTERVAL ONSET AND DEATH
		Conditions, if ony, gave rise to imm couse (a), statin underlying couse	nediote g the	) (b)_	gras a consequence of the conseq	nega	tive Sepsi	S		14	days
	NOI	PART 2 OTHER SIGN	HIFICANT	CONDITIONS C	ontributing to	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	o
	CERTIFICATION	190 DATE OF OPERAT	35	Bleed	ing perfe	1 1	duodenal wa	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES YES [	
?	MEDICAL CE	210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DE	P	.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF II	HJURY IN ITEM 18	PART I OR PART 2)	
	MED	216 INJURY OCCURE	ILE		OF INJURY REET, FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET	CITY OF	RIOWN	COUNTY	STATE
		220 I certify that (I) sow the decease above, (I) (we) (c	d alive on	Aug	10 19	85,01	nd that in (my) (aur) apinion	to Aug death accurred on the	date and ha	our and from the	
		226. SIGNATURE	1K	Hino	kley	MD	DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [4	8/10	0/85
		22d PHYSICIAN'S NA	ME (TYPE !	Hine	HON		UNION MEM	ORIAL HOSE	ITAL		

BP.

TO FUNERAL DIRECTOR should be detached for with the State Dept of IMPORTANT: If he

DHMH - 16 60M 7/B4 (VRA 15, 4)

236. DATE Aug. 12,1985

MITCHETT Wiedefeld Home, Inc.

230 BURIAL, CREMATION, REMOVAL

Cremation

23c. NAME OF CEMETERY OR CREMATORY Greenmount

23d LOCATION

COUNTY

STATE

Baltimore City, Maryland
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

THE STATE OF STATE OF

3.1.5

AND RESIDENCE

MATERIAL STREET, STREE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	0		0	5 175
Ca	2	Capi	9	1

ı	1 - STATE REGISTRAR		C	ERTIFI	CATE OF DEATH	REG. N	O	. Lan	
	I DECEASED NAME FIRST MIDDLE		NDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR 5
1	Access to the second	Louis		ROHD.		SAT	uc 24	185 1	Pom
y	7. SEX	4. RACE		DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) (F	UNDER I YEAR IF U	UNDER 24 HRS
Ŋ	MALE	WHITE		FEB.	4,1908	77	YRS		
t	d. BIRTHPLACE (STATE OF FOREK	The state of the s	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
	MARYLAND	USA		/IDOWE		BALTIMOR			MD.
C	BALTIMORE	2709	JEREMY CT	ress) A	PT. F	TYPE OF WORK FOR MOST OF SUPERVIS	F WORKING LIFE)	USF&G	JSINESS OR
5	130 STATE  MARYLAND	COUNTY	GIVE RESIDENCE BEFORE ADA 136 CITY OR TOWN BALTIMORE	1	13d. INSIDE CITY LIMITS? YESXXX NO [	13e STREET ADDRESS 2709 JEREN	ZIP CODE	APT. F	#21209
5	NATHAN	MIDDLE	ROHD		15. MOTHER'S MAIDEN NAME ELLA	WE		PATZ	
		66 WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECU  16 YES, GIVE WAR OR DATES)  216-05-4				CLARA ARON T. BALTO	APT APT	F 21209	
		ote the DUE TO, OR (c)  CANT CONDITIONS CO		CE OF	NOT RELATED TO THE TERM				
1	No. DATE OF OPERATION	INE CONDI	TION FOR WHICH OP	ERATION	4 WAS PERPORMED	YES NO		VERE FINDINGS NG CAUSES OF I	
7	The state of the contract of the state of th	EQUIDENT HOUR AN	A. MONTH DAY	YEAR 19	214 HOW INJURY OCCURS	ED TENRENAME OF YOUR	Ev de Itten III. Pairt	(OFFART3)	
	A STANDARY CONTROLLER OF STANDARY OF STAND	71e PLACE C	OF INJURY EEL PACTORY, DYPICE FARM	ne)	THE LOCATION STREET	CHTOKTO	WIN	counts	NAME :
	229.1 certify that (1) this naw the deceased of obove, it is self (did) 229. SHONATURE	60 m 11	Her dooth.		EGREE	to for footbook on the di		that and from the course 12c DATE SIGN	
	27d. PHYSICIAN'S NAME	V. M. II	e V	7)	THE ADDRESS 4	orth Hey	the state of the s	212	15
-	230 BURIAL, CREMATION, REM	AUG. 26	,1985 <sup>23</sup> BAT	TIME	THE BREWTORY	23d LOREISTE	RSTOWN	BALTO.	MD
	24 FLINEPAL DIRECTOROLL	EVINSON E	RDOS INC	•	ISO DATI	DEC'D BY DECISTDAD	SEL DECISTRA	DIS SIGNIATURE	

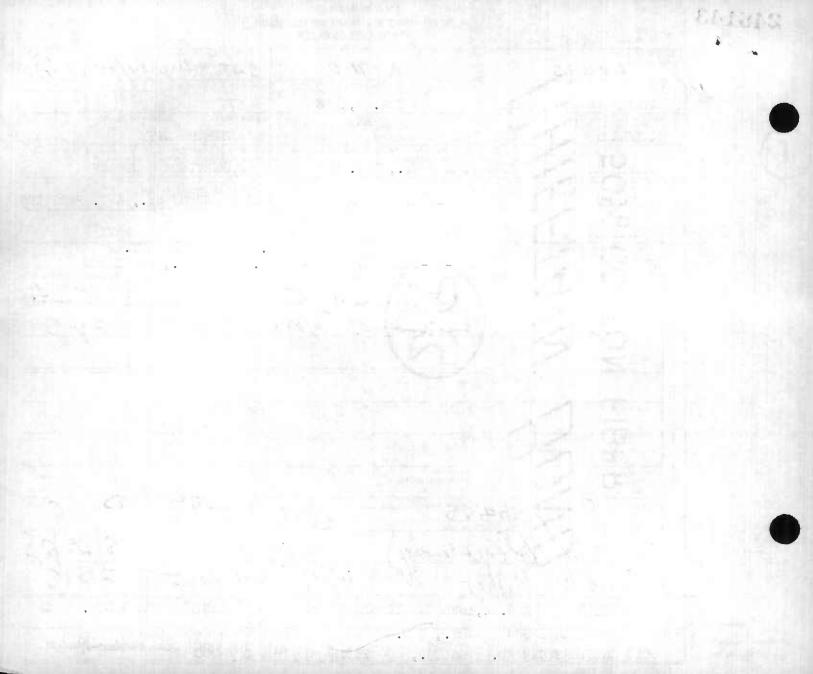
DHMH - 16 60M 7/84

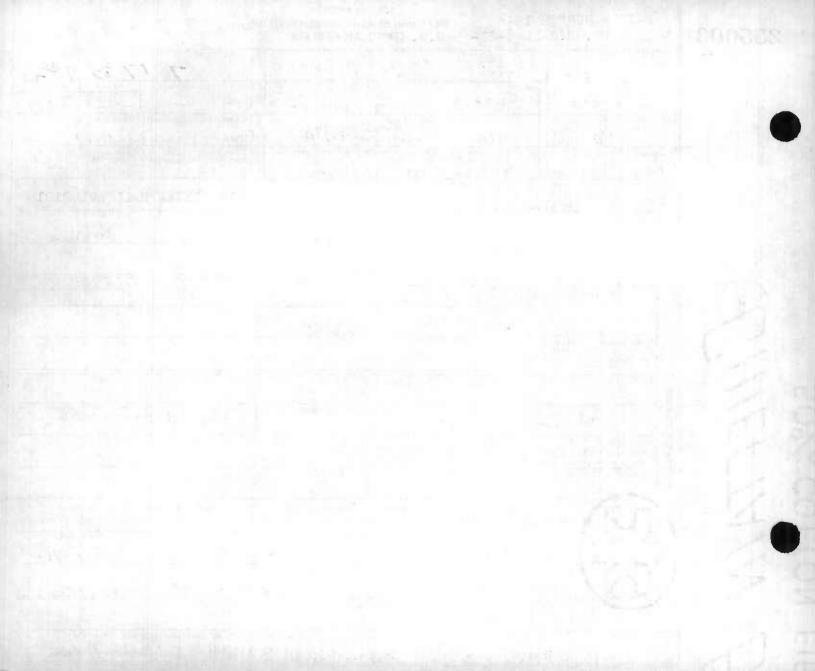
(VRA 15, 4)

6010 REISTERSTOWN RD.

BALTO. MD 21215

AUG 3 0 1985





# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

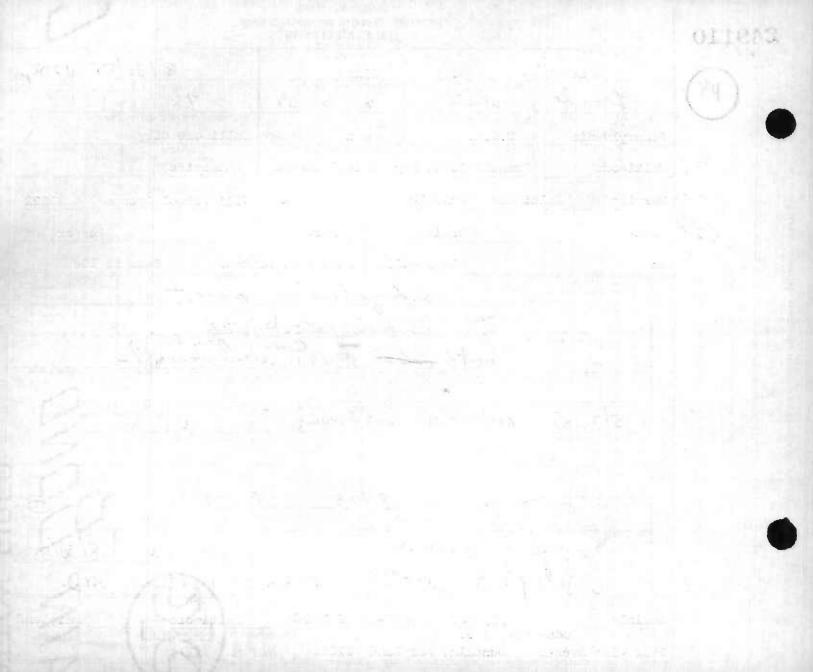
# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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En		 7	
DEC	NO		

	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 22 3 9 4 REGISTRAR CERTIFICATE OF DEATH									
	I. DEC	DECEASED NAME FIRST MIDDLE #1451					2		ONTH DAY YEAR	2b. HOUR	
		OR PRINT)		_	n 11			8	2/30/05	12:50	
3		Ethel		L.	Roll 5 DATE C		- 1	AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YE	AR IF UNDER 24 FIRS.	
	3. SEX	Lenule	1 RACE WILL	ite	MONTH		AR	7-8	MONTHS DA		
d	70 BH	RTHPLACE (SHANE ON FORM)	76 CITIZEN OF V	VHAT COUNTRY?	8.	D . 151/50 . 1 . 2015	9.	BALTIMORE CITY OR	COUNTY OF DEATH		
5		nnsylvania	U.S.A		WIDOWE	D NEVER MARRIE		Baltimore (	City	MD.	
4		TY OR TOWN OF DEATH				OR OTHER INSTITUTIO		20 USUAL OCCUPATIO	-	OF BUSINESS OR	
	Ba	ltimore	Francis	Scott Ke	ey Med	dical Cente		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife			
3	13a. S			GIVE RESIDENCE BEFORE 13c CITY OR TOW Dundalk		134 INSIDE CITY LIM		7519 School		21222	
5	14. FA	THER'S NAME				15 MOTHER'S MAID	ENNAME		AT HE STATE		
1	cr	Grant MIDDLE		Orbin Mary			WIDDLE		Pepper		
		WAS DECEASED EVER IN U.S. ARMED FORCES?		166 SOCIAL SECURITY NO. 17 INFORMANT			ADDRESS		repper		
2		YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES)			1530	Reatha J.	. Bra	thor	Same as 1	3e	
7	CERTIFICATION	Conditions, if ony, whi gove rise to immedia couse (a), stating to underlying couse to PART 2. OTHER SIGNIFIC	ch (b) (b) (che) (b) (che) (ch	A	DEATH BUT	SPLOSES NOT RELATED TO TH	E TERMIN	that regur	70b. IF YES, WERE FIN	DINGS USED	
4	RTIFIC	8/30/85 acrtes Prosis, metr				0 0-	Yaka	YES NO	YES [	NO 🗌	
7	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	DEATH HOUR A.M. MONTH DAY YEAR				RRED (ENTER NATURE OF INJURY IN TIEM 18, PART 1 OR PART 2)			
	MEDICAL	216. INJURY OCCURRED	LAT HOME STR	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)				CITY OR TOW	N COUNTY	STATE	
		220. I certify that (I) withis hospital pattended the deceased from 1980, 1980, to 1980, that (I) we past sow the deceased of ve on obove, (I) (we) (did) (did not) view the body otter death  270. DATE SIGNATURE  270. DATE SIGNED									
1		22d. PHYSICIAN'S NAME (APE OF PRINT) A CAYPESE 220 ADDRESS  22d. PHYSICIAN'S NAME (APE OF PRINT) A CAYPESE 220 ADDRESS  22d. PHYSICIAN'S NAME (APE OF PRINT) A CAYPESE 220 ADDRESS  22d. PHYSICIAN'S NAME (APE OF PRINT) A CAYPESE 220 ADDRESS  22d. PHYSICIAN'S NAME (APE OF PRINT) A CAYPESE 220 ADDRESS  22d. PHYSICIAN'S NAME (APE OF PRINT) A CAYPESE 220 ADDRESS									
	_		0	00.		1 70			- was '	<i>D</i> .	
		BURIAL, CREMATION, REM			NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
		irial	9/3/1	985 G	arden	s Of Faith		Baltimore		Maryland	
	24. FL	UNERAL DIRECTOR Dud	a-Ruck, IN	c.	2	2	Se. DATE	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGN	ATURE LOR	
	79	22 Wise Aven	ue Dund	alk, Mar	yland	21222	SE	94 1985	- we shared	-16.	

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

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State of the second second

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

236 DATE

8-8-85

Leonard J Ruck Inc. Baltimore, Maryland

- STATE

231 NAME OF CEMETERY OR CREMATORY

Parkwood

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c DATE SIGNED 8-5181

2b HOUR

12b. KIND OF BUSINESS OR

21206

IF UNDER I YEAR

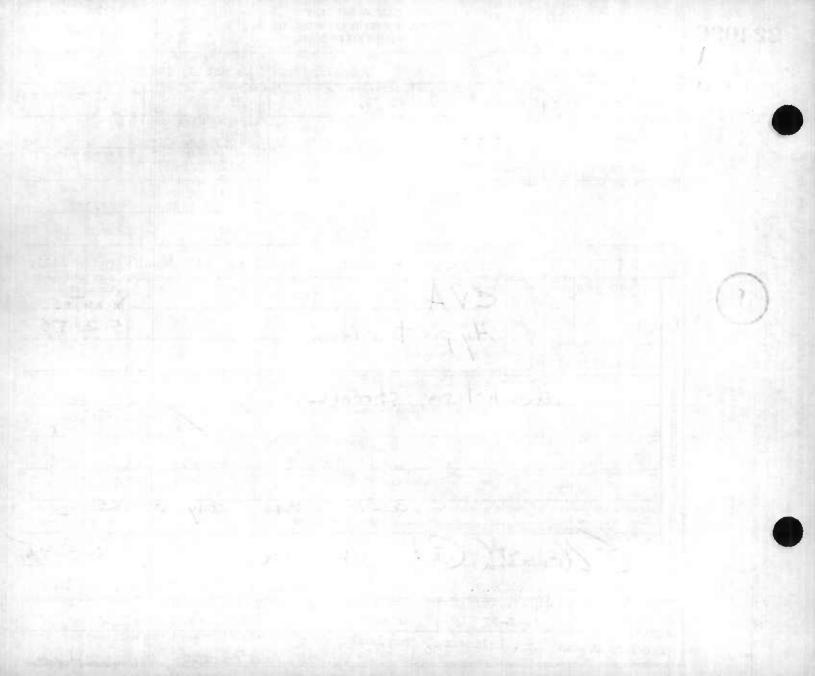
INDUSTRY

Dawson

COUNTY

STATE

STATE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

1 - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 2

		REGISTRAR			CENTITIO	AIL OI PLAIN	REG. N	0.		Contract of
		OR PRINTS VINCE	NT (	(NMN)	2050	MARY	20 DATE OF DEATH	MONTH DAY	185 M	1-30
	3 SEX		WHIT	-	ANUAR	YRTH 20, 1909	6 AGE (IN YEAR)	44	NDER : YEAR	UNDER 4 HES
1	7a B18	RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND	76 CITIZEN OF WE		MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY OF	DEATH	MD.
2		Baltimore	South BA	ACILITY, GIVE STREET AD	DRESS) GE	N. FOS	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST O	ON DE WORKING LIFE)	NOUSTRY MARINE	Electric
	13a. S	AL RESIDENCE (IF NURSING FOME OF THE LEGAL OF THE LEGAL OF THE LEGAL OF THE RESIDENCE (IF NURSING FOME OF THE LEGAL OF THE RESIDENCE (IF NURSING FOME OF THE LEGAL OF THE RESIDENCE (IF NURSING FOME OF THE LEGAL OF THE RESIDENCE (IF NURSING FOME OF THE LEGAL OF THE RESIDENCE (IF NURSING FOME OF THE LEGAL		BOWIT	- 13	NO THER'S MAIDEN NAM		ZIP CODE	NA	0715
1	13.16	JOSE PH	MIDDLE	AXMEZO	Y	MARGARI	MIDOLE		ED NX	
2		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) {IF YES GI	RMED FORCES? 16	16-09 9	1.01	Frances E. R	osemary I	2312 Fi Bowie, M	larylan	d 20715
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per lin ED BY: TE CAUSE (0)	CARDIA 6	ž A	RREST			APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b)	IS A CONSEQUEN ANG RE	CE OF	Ischemia (	D log	1-2/2	-	
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE				DITION GIVEN	IN PART 110	
1	CERTIFICATION	190 DATE OF OPERATION 8-9-85.81	135 peris		cklar o	disecso	200 AUTOPSY? YES NO NO		ERE FINDING	
/	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M.	MONTH DAY	YEAR 19	TIC HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM IS PART	OR PART 2)	
	MED	21d. INJURY OCCURRED  WMILE NOT WHILE AT WORK		FACTORY OFFICE FAR		If LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
		220.1 certify that this hasp live an live and (did no	8-12	19 8		that in (my) (aur) opinion d	, ta eath occurred on the d	ate and havr an	d from the cou	
1		226 MANCIAND NAME ITHE	PN.	Ki	a m	ATTENDING PHYSICIAN	MEDICAL STA		8-1	2-85
		<b>EWANG</b>	n. K	iM.		3001. 8- HA	NOVERST	-	212	30.
	(:	SPECIFY) Burial	Aug 15,	1985 Holy	y Cros	s Cemetery	Glen Bur			
4		eall Funeral Hor	ne klautos	16000 Ani Bowie, M	napoli 207	15-3043 AUI	G 3 0 1985		essignatur	

DHMH - 16 60M 7/8 (VRA 15, 4)

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DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO. MD 20215

AUG. 28, 1985 RO DEE

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR & SIGNATURS AND COMPANY AND COMPA

COUNTY MARY LAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	'	REGISTRAR			CERTIF	ICATE OF D	EATH	REG.	NO.				
		CEASED NAME FIRST	M	IDDLE	1	AST	4915.50	20. DATE OF DEATH		DAY YEAR	26 HOUR		
1	(///6	EDWARD		F)	ROSS	5	4		8-2	25-85	1715 M		
	3 SEX		4. RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN.		
		MATE	WHITTE		07	26	12	73	YRS		mis.		
		RTHPLACE   STATE OF FOREIGN		VHAT COUNTRY?	8 MARDIE	D KNEVER	AADDIED [	9 BALTIMORE CITY	OR COUN	TY OF DEATH			
		Maryland	U.S	. A .	WIDOWE		VORCED	BALTIMO	RE.CT	ΙΨ	MD.		
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN		OR OTHER INS	ITUTION	120 USUAL OCCUPA	MOITA	12h KIND	OF BUSINESS OR		
H	RΔ	TUTMORE CTUY		ES HOSPI				Shipping		k Dist	Hardware		
A	JUSUA	AL RESIDENCE LIF NURSING HOME OF	ROTHER INSTITUTION,		RE ADMISSION)	FIRA INICIDE C	ATV 1144ITCO	13e STREET ADDRES					
)		arvland	14(1	Baltin		YES C	NO [	1200 Fa			Balto. 212		
		THER'S NAME				15. MOTHER	MAIDENNA	ME	V		200		
9		Carl	MIDDLE	ROSS			Cecil	MIDDLE		R	itchie		
		VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17 INFORMA		ADI	RESS				
j	(1	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	217-01-6	5217	Irene	E. Ros	s 1200 Hav	erhil	1 Rd. :	21229		
3		18 CAUSE OF DEATH Enter of	nly one couse per	ineforcer (br. or	nd (c)	1		. 0			XIMATE INTERVAL NONSET AND DEATH		
		PARTI. DEATH WAS CAUS	ED BY: TE C AUSE (0)	Cuntur	ed as	dimex	ant	ie aneu	1	20	· 24 hrs		
		IMMEDIA		IS CONSTON	in the or 4	_	,			2	1		
		Conditions, if ony, which	DUE TO, OR	AS A CONSEOU	Inte	- liz	thero	releaning			1.71		
î		gove rise to immediate	18)	10.1601105011	5,105,05						/		
		underlying couse lost	DUE TO, OK	AS A CONSEOU	IENCE OF								
d		PART 2 OTHER SIGNIFICANT		NTRIBUTING TO	DEDTH BUT	NOJ RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION (	GIVEN IN PART 1	10		
Н	NO	Leven	Ouls	~ 6	Ens	leven	-						
2	CERTIFICATION	IN DATE OF OPERATION	196 CONDI	TON FOR WHICH	OPERATIO	N WAS PERFO	RMED	28s. AUTOP5Y?		YES, WERE FIND			
7	TIFIC	0						YES NOT	INCER	TIFYING CAUSE YES []	NO []		
2	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF		45.46	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF II	JURY IN ITEM 1	18 PART I OR PART 2)			
7		OR CONTRIBUTING CAUSE OF DE	nin .	a. Month d	AY YEAR								
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	F INJURY		21f LOCATIO	N	CITY OF	TOWAL	COUNTY	STATE		
	X	WHILE NOT WHILE AT WORK	(AT HOME STRE	ET, FACTORY, OFFICE,	FARM, ETC }	SIRECT			_		SIAIC		
9	14	22a.1 certify that (I) (this has	sital) attended the	deceased from	7.0	6 76	_, 19	10_ 8-2	2.82	., 19	, that (I) (we) lost		
		sow the deceased alive of above, (I) (we) (did) (did)	8.19	85 19_	, or	nd that in (my)	( <del>od</del> r) opinion o	death accurred on the	date and h	our and from th	e couses stated		
		22b. SIGNATURE	P V	nier death.	_	DEGREE		/		22c. DAT	E SIGNED		
Ч		75/2 5.	not-	X	MO		TTENDING PHYSICIAN	MEDICAL S'	AFF SICIAN [	8.2	6.85		
		22d. PHYSICIAN'S NAME (TYPE	OPPRINT)			22e ADDRES		111 1		11.			
		Ky/2 9.0	wwhen	1 Jh M	0	1345	5 W1/	Ille ave	100	el, py	21227		
		URIAL, CREMATION, REMOVA	L 23b DATE	23c	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION					
	- 1	Burial	8/29/8	35 L	oudon	Park C	emetery	Baltim	ore	COUNTY	Marylan		
	24 FL	JNERAL DIRECTOR		ADDRESS		229		E REC'D, BY REGISTR.	AR 25b. REG	ISTRAR'S SIGNA	ATURE		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave.

The Devidence Assert Assert Assert

## STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛬

- STATE 249106 REGISTRAR Frederick A. Ross CERTIFICATE OF DEATH REG. NO. 2a. DATE OF DEATH I. DECEASED NAME MONH 2b. HOUR TYPE OR PRINTS 655 A . 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER ZAMES 5. DATE OF BIRTH DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER-MARRIED DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Electrician INDUSTRY Baltimore Md Drydock 13a. STATE 13L COUNTY THE INSIDE CITY LIMITS? 4211 Fifth Street 21225 Baltimore Maryland HUNGHODBUS YES (70) NO I 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Martha Ross Gusta.v Ross ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) Ellen S. Williamson 1422 Harwick Ct Crof 213-01-2351 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY: Lancer mo IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 0100 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO I NO YES [ 71a ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

LIE EITHER NOTIFY MEDICAL EXAMINERS 71d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK

230. BURIAL, CREMATION, REMOVAL

Burial

P.M 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

HOUR A.M.

YEAR

211. LOCATION

CITY OR TOWN

COUNTY

STATE

(1) (xe) (did did nat) frew the body after death. 77h SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH

Taune MI

MONTH DAY

27e. ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STAFF

and that in (my Court opinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME IN PE OF PRINT

[SPECIFY]

nator

236 DATE

226.1 certify that (1) (this hospital) attended the deceased from

231. NAME OF CEMETERY OR CREMATORY Glen Haven Mem Pk

DEGREE

73d LOCATION Gleh Burnie

Charles

Md

DHMH - 16 50M 4/83 (VRA 15, 4)

0

00

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MPORTANT:

should be

24. FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md

250 SHEREC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Britis

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm. North Ave.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Fichie Davidson Randalle

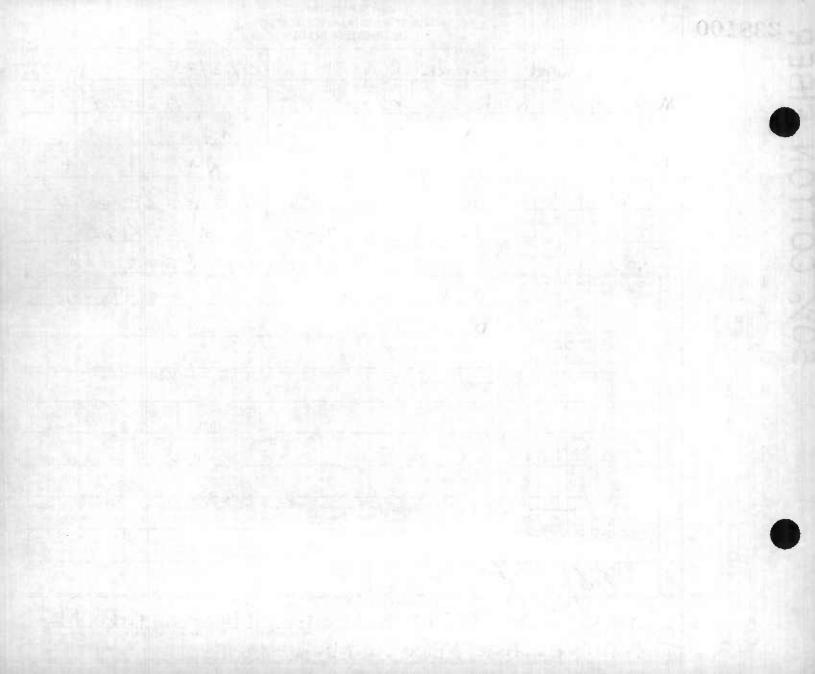
7:09AM

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\$1.5 C 2.14

				STATE OF MARYLAND									
238100	1.	FOR STATE	CERTIFICATE OF DEATH										
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO *	DAY YEAR 26 HOUR							
of h		OR PRINT) Run Ken	+ PATRICK	Rudesill	08/13/85	5:15 AM							
may be page 3 er death	3 SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS.							
ge 4 I		ale	White	07 30 85	O YRS	O 14 HOURS MIN.							
Pod Pod	H BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH							
deort deort	1	MD	USA	WIDOWED DIVORCED	City	MD.							
ofter of the feet	C	Saltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	1 161-11	128 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY							
sruoi ci	บรบ.	AL RESIDENCE IN NUR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	La express apparent a sup con								
filled	130 3	MD COUN	Middle to		130 STREET ADDRESS / ZIP COD 46 Boileau C	T 21769							
within	14. F/	THER'S NAME	MIDDLE D LAST	IS. MOTHER'S MAIDEN NA	WE	1) LAST							
on or	Ida A	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	KLINE							
Poor un ond			E WAR OR DATES		DESILL MIDDE	ETOWN MO.							
sicio pers rol.		18 CAUSE OF DEATH Enter on	ly one couse per line for (a), (b), on	dicel		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
S S S S S S S S S S S S S S S S S S S		PART I. DEATH WAS CAUSEI IMMEDIAT	ECAUSEIO) Cardia	Arrest		Iweek							
1 miles			DUE TO, OR AS A CONSEQUE	NCE OF	0								
B 100		Conditions, if ony, which gove rise to immediate	( 1b) Dissemin	ated Intravaseular	- Coaquilation	1							
by h		couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF									
or or		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1:0							
equire n signe Then p	NO O												
beer remit prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?							
	RTIF				YES NO Y	ES NO							
SICIAN The paysicion provide physicion certificate intol-tronsit entol Hygier leem 18 sho	R	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LUCUR AN MONTH D	AY YEAR TE HOW INJURY OCCUR	RED (ENIER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)							
HYSICIA ding pl is certif buriol-t Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211 LOCATION	TALLER WILLIAM	LICELA STO							
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ter this c is the bur h and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION	CIT OR IOWN	COUNTY STATE
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RAL DIRECTOR DIRECTOR DIRECTOR DEPT.		THE SCHATURE !	+ Caux N	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	8/31/8
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H - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR	ZANAJANA ADDRESS	Stizzzy S	TE REC'D. BY REGISTRAR 25b. REGISTR	RAR'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFI REGISTRAR 238099 I. DECEASED NAME 20. DATE KNOWN MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED X William Ruth 4. RACE DATE OF BIRTH 3. SEX AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED Male Black 10 85 DEAD 7/10/44 40 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) WIDOWED [ DIVORCED Baltimore City Washington, D.C. ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore University Hospital Laborer USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LAWITS? 13e STREET ADDRESS Md. Balto. YES NO 2133 N. Dennison St. 21216 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE LAST 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b SOCIAL SECURITY NO HE YES GIVE WAR OR DATEST Unkn. 578-54-7625 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Intracerebral hemorrhage IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL. YES X NO 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 21 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK lx. Autopsy 220 I certify that I took charge of the remains illustrated phave, held an Inspection Inquiry and in my apinian Natural causes X death resulted from Suicide Hamicide Undetermined manner ACTUAL PACE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE M 7/30/85 SIGNATURE. EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE 8/15/85 Removal 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS is verydoon sandell (VR A15 ME (5)) Anatomy Board Balto., Md.

MPORTANT: If them 21 is marked or them 18 shows any

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR			ICATE OF DEATH	REG. NO.						
	DECEASED NAME	ia. E°		YAN	874/45 °A	Y YEAR 20 HOUR 7:52 PM					
L	Female Female	A RACE Negro	K 03	F BIRTH 16, 1922	3 YRS.	UNDER I VEAR IF UNDER 24 HRS					
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	JSUAL RESIDENCE (IF NUESING HO. 30. STATE MARY LAND	AE OR OTHER INSTITUTION GIVE OUNTY 130	RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO [	130 STREET ADDRESS ZIP CODE	ley St. zizza					
	FATHER'S NAME FIRST Thomas	Henry	Ryan	IS MOTHER'S MAIDEN NA.	WIDOLE	last ueen					
16	(VES NO OR UNKNOWN) (IF YE	. ARMED FORCES? 16b.	SOCIAL SECURITY NO. 217-14-0095	17 INFORMANT  Lawrence Ry	ADDRESS						
Ī	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per line		veardial	Infantion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS	A CONSEQUENCE OF	eart Diseas	se, Severe						
	PART 2 OTHER SIGNIFICA CONTES	TIME NEART	Failure	Meda statie	Breast Caver	NIN PART Tra					
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION	N FOR WHICH OPERATION		200 AUTOPSY? 20b. IF YES.	WERE FINDINGS USED NG CAUSES OF DEATH?					
		F DEATH HOUR A.M.	JURY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T T OR PART 2)					
	OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	21e PLACE OF II		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
	220 I certify that (I) this h	ospital attended the de		, 19 dt that in (my) Out opinion	, to, 19 death accurred on the date and hour o	that ( we lost and from the causes stated					
	222 IGNATURE	m. S	from u		MEDICAL STAFF DIRECTOR   PHYSICIAN	8/5/85					
	Darrell.	M. GVA	y, M.D.	2329 Avus	nal Are. Ballo.	11512. BM					
23	30. BURIAL, CREMATION, REMO (SPECIEV) Burial	23b. DATE 8-10-85	/	EMETERY OR CREMATORY  LVary Cemeter	y Brooklyn, Anne	Arundel Co.Md.					
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<b>₹</b> 2₩ <b>2</b>		-	EXAMINER'S (TYPE OR PRIN	IT)		Dennis	F.	Smyt	h, M	D.	ADDRESS_	111 1	Penn	St.	Balt	co.MD				
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW.	B A	23a.B	URIAL, CREMAT	ION, REMO	OVAL 23b	DATE		23c. N.A	ME OF CE	AETERY C	OR CREMAT	ORY		CATION						
		(5	BUF BUF	RIAL	Al	UG. 29,1	1985	BN	AI JA	COB			BY	PLT MINT	IORE	co	MA YEAR	ARYLA	ND	
25M		24 F1	UNERAL DIREC	TOR S		EVINSON			. IN	C.		25e. DATE R	REC'D. BY	REGISTR	AR 25b. RE	GISTRAR'S	SIGNAT	URE		
DHMH -			NAME			ADDR	ESS.				_									
(VR A15 M	((c))	60	110 REIS	STERS	LOMN	RD. I	BALI	0.,	MD	2121	.5	AUG	30	1902						

STATE OF MARYLAND

7. 美元年 2. 新克尔斯 2. 年元年工 The same of the party of the same of the same TRANSPORT IN SURVEY SERVICE STEELS 2/03 24 Between Level

FOR DEPARTMENT OF HEALTH AND MENTAL HYGJENE 248115 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 3 SEX 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR YEAR MONTH NOV BALTIMORE CITY OR COUNTY OF DEATH ESTATE OR FOREIGN MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Service Direct. Automotive 1136. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Marvland Baltimore NO W Hilldale Rd Rosedale 1207 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST John M. Saffer Susan Ellis WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES WOOWN) (IF YES GIVE WAR OR DATES) WW 5-12-5240 Marie Saffer 1207 Hilldale 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic-PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) TATIC LUNG CANCER Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from, . 19\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIREC 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Samaritan Hospital Good 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE Buria! Gardens of Faith Balto RAL AIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

John B. Sailer

3118:5 JOHN BENERALL STREET, LANGE WATER BOT Canada La Servicio de La Caración de La Caración de La Caración de Caración de

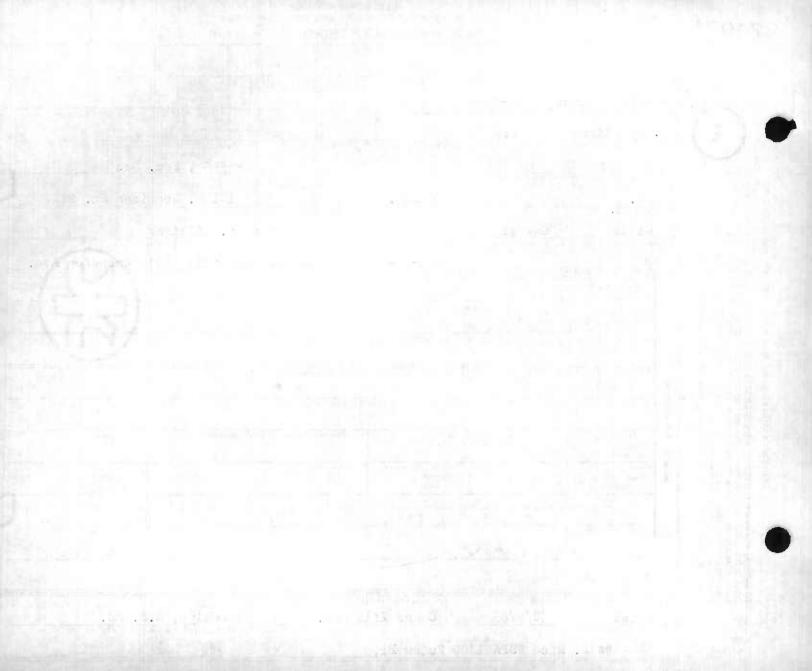
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DHMH - 16 60M 7/84 (VRA 15, 4)

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KK	140 LY	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										0.00						
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	2613E	3 SEX		RACE		TE OF BIRTH		6 AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER 2		DATE		MONTH	DAY	YEAR	24 HOUR
	A STEEL	F	emale	Black	10	D-21-24	YEAR	60 y	RS.	S DAYS	HOURS	MIN PR	ONOUN	CED	8	5.	19 85	9:24
	332		RTHPLACE (ST			TIZEN OF WH	AT COUN		9			9	BALTIM	ORE CITY	OR COUN			p N
	SECTE /	FO	REIGH COUNTRY)		- 100				1	ED NEV								
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9	A2232	14. F/	ATHER'S NAME		MIDDI	MIDDLE LAST 15. MOTHER'S A						NAME	MI	DDLE		LA	AST	
22	22 23 200		Gills		Garne	arnes					Martha	a F.	Wil	liams				
8	PAGEN /		VAS DECEASED		ARMED FO		Y NO.	17 INFORM	TMAN	4	S							
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- m	£ 43 F. O		18. CAUSE OF	DEATH (Ente	r only one	couse per line f										APP	ROXIMATE	INTERVAL
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ō	SA S	IMMEDIATE CAUSE (o). Hypertensive cardiovascular disease													8			
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5	N ARI		couse (a) stating the under- lying couse lost.  DUE TO, OR AS A CONSEQUENCE OF											413				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMON	"PENDIN "PENDIN EF MEDIC ED AS A E HEALTH A	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?															
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VIS	は世頃の以上	MEDICAL	21d INJURY O			21e PLACE O STREET, FACTO				CATION			ITY OR TOV	VN	co	UNTY		STATE
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	NO FEE		death resulte	d from:	lotural cou	ses X.	Accident	☐. Su	icide	. Homici		Undetern	nined mo	nner 🗍				
	ARY ARY	1		1	-	-				TITLE (SP	PECIEY)							
	A PEOPLE		ACTUAL	1	1	2000	in		M	nAssis		MEDICA	AL EXAM	INIED	DATE	8	/6/85	5
	LE A SHE			X									TE ENTAN		3.07.			
	200 C 3 750 May 244 Sec.		EXAMINER'S IN	T)	Ann	M. Dix	on, I	M.D.		ADDRESS	111	Penn	St.	Bal	to.MD			Milita
	545 FA -	23a.B	URIAL CREMAT		AL 236. DA	TE	23c. 1	NAME OF CE				23d. LOC/						
D7/84	BP		Burial		8/9/	/85	C	edar H	i 11 C	em.		Brook	0k1v	n. A	A. Md		STA	TE
25M			UNERAL DIRECT	OR	1-101						250. DATE RI	EC'D. BY RE	GISTRAI	R 25b REC	GISTRAR'S	GNATU	RE	
	DHMH - 17 (VR A15 ME (5))		Charles	A. Ri	ce Es	SPA 130	0 E11	taw P1		1500	AUG	8 1	985		Javidson	. מל	1.00	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

224092

- STATE

REGISTRAR

EWVNNS

25a. DATE REC'D. BY REGISTRA

2:30

26 HOUR

BALTIMORE CITY OR COUNTY OF DEATH

WORK FOR MOST OF WORKING LIFE)

13e STREET ADDRESS / ZIPACODE

YES [

INFARCTION

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

COUNTY

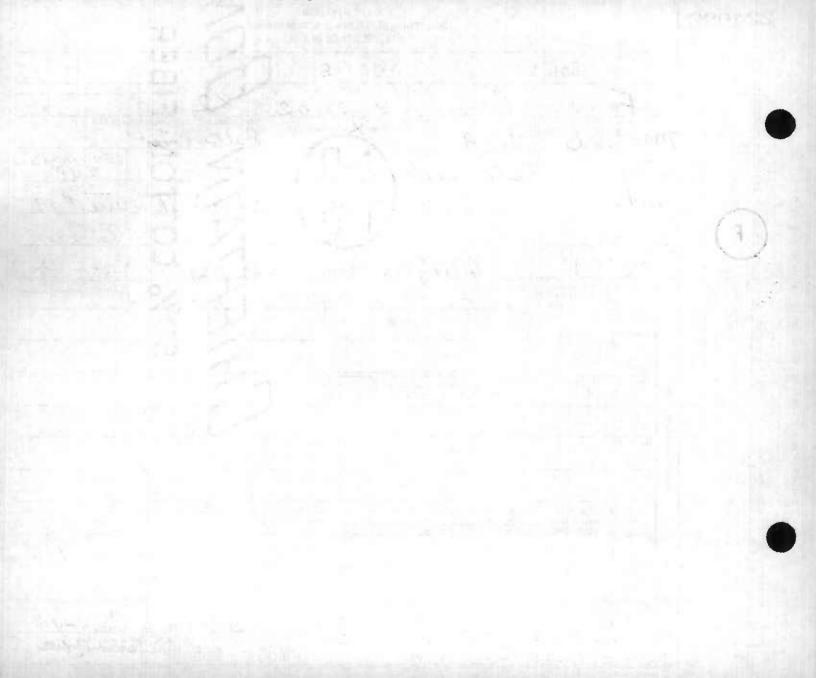
STATE

NO I

22c DATE SIGNED

HOSPITAL

23d. LOCATION



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTADHYGIENE

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		REGISTRAR				CERTIFI	CALFOLD	EATH		REG. NO.			
		CEASED NAME	FIRST		MIDDLE	U	ist		20 DATE OF D	EATH MONT	H DAY	YEAR	26 HOUR
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	3. SEX	X.	C111.100	4 RACE		5. DATE O			6 AGE LINYEAR	S LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS
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1	7e. Bif	RTHPLACE (SIA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	NEVER M	APPIED TO	9 BALTIMORE	CITY OR CO	UNTY OF	DEATH	
2		ryland		USA	+	WIDOWE	DI DIV	ORCED	Ball	more	Cut	y	MD.
D	N. CL	TY OR TOWN O	FDEATH		HOSPITAL, NUR		R OTHER INSTI	TUTION	12a USUAL OC		KING LIFEL II	HOUSTRY	F BUSINESS OR
1	A	Balton	rose	Unu	Versty	of ma	rrylar	nd	(TYPE OF WORK FO	red	-	ang	
10	USUA Da S	AL RESIDENCE OF	ITH COU	ROTHER INSTITUTION	GIVE RESIDENCE BE		13d INSIDE CI	TV 1 IAAITS 2	13e.STREET AD	DDESS / 7ID		2/9	141)
2	1	marila	ndWash	ington	Hagers	trans		NOU	11 0 0 0 0	Michig	1	Ave	hue-
1:7	M. FA	LIHER'S HAME	- 1110001	Add VV		70,50	15 MOTHER'S	MAIDEN NAM	WE	0			1000
6	0	Charles	Wil	Pur	Sappin	gton	Net	tie	Mat	ilda	Lus	genb	eel
100	16a W	VAS DECEASED	EVER IN U.S. AF	RMED FORCES?		CURITY NO.	17 INFORMAL			ADDRESS		g.Md	
4	Ye	YES NO OR UNKNOW	(IF YES, GI	VE WAR OR DATES	214-00	1-5367	Marv	E. Sar	ppingt	on 43			an Ave.
			DEATH (Enter o		r line for (o), (b).		a sense y	23 0 00	P   -11/2 V	011			MATE INTERVAL
		PART I. DEA	TH WAS CAUSE	ED BY.	. KO NOL	MALDO	a in	01140			300		ulcs
Н			IMMEDIA	TE CAUSE 10)	0 000	raco	00	<del>acca</del>					
		C. 101 11		DUE TO, O	R AS A CONSEC	OUENCE OF	ircin	man.			VL.		
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		couse (o), underlying	stating the cause last.	DUE TO, O	R AS A CONSEC	DUENCE OF							
				(c)									
	z	OLA O MA	SIGNIFICANT	CONDITIONS C	ONTRIBUTING T	O DEATH BUT	L			0 4	N GIVEN I	NPARIT	a
	CERTIFICATION	190 DATE OF O	PERATION	TUJOEN.	TUSCO N	CH OPERATIO	WAS PERFOR	ncelan	200 AUTOPS		IF YES, WE	RE FINDIN	NGS LISED
4	FIC.	DATE OF O	ERATION O	Owcord	MINIOTO TOK WITH	CITOFERATION	WAS FERIOR	WALED		INC	ERTIFYING		OF DEATH?
-	ERT	21- ACCIDENT W	AS UNDERLYING	7 216. TIME C	DE INTITIDY		21. HOW/IN	LIBY OCCUPE	YES NED (ENTER NATUR	10[4]	YES [		NO 🗌
			CAUSE OF DE	110110 4	.M. MONTH	DAY YEAR	210 110 47 1143	OKT OCCORR	(ED (ENIER NATU)	E OF INJURY IN II	EM IB PARI I	OR PART 2)	
	CA		Y MEDICAL EXAMINE		.M.	19	211 1 2 5 1 7 10	N. 1		100			
	MEDICAL	21d INJURY OC			OF INJURY	E FARM, ETC )	211 LOCATIO	N		ITY OR TOWN	20.1	COUNTY	STATE
Н			AT WORK						- 1				
					he deceased from			. 19_85	, 10	gust 2	3, 19_	-	that [1] (we) lost
21		obove, (1) (		ot) view the ody		850, on	d that in (my) (	our) opinion o	death occurred o	on the date or	d hour one		
		22b. SIGNATUR	E	Ani			EGREE	TTENDING	MEDICAL	STAFF		22c DATE	SIGNED
1		une	ela 7.		~ MD		Р	HYSICIAN [		PHYSICIAN [	4	8.6.	3.82
		1	S NAME ITYPE		1.		22e ADDRESS	0 .	. at				
		Anga	ea -	Cor	bin			of Md	1. Hosp	. 1	salt.	Md	4
		BURIAL, CREMAT	ION, REMOVAL	1000		NAME OF C			23d LOCATI	TOWN	***	UNTY	STATE
			rial	8-27-		t. Pe	ters C	ath.C	h. Lib	ertyt			Id.
		JNERAL DIRECTO		305	ADDOC	tomac	St.	250 PAT		ISTRAR 25b. R	EGISTRAR	SHOWN	HOLER.
	Ge	erald N	. Minr	nich Ha	gersto	wn, Ma	rylan	d Aub	00000	0			

DHMH - 16 60M 7/84 (VRA 15, 4)

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W. PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201

## STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR			DEPARTI		ICATE OF DEATH	R	<b>4</b> C	) 1 3	
Ś		CEASED NAME OR PRINT)	FIRST	/ARD	L.	94	SAUERWALD	August		.985	26 HOUR 3:00A M
	3. SEX	Male		4 RACE White		S. DATE O	H DAY YEAR	6 AGE (IN YEARS)	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
3		RTHPLACE (STATEORI COUNTRY) Maryland	FOREIGN	U.S.A		MARRIE		9 BALTIMORE C	timore		MD.
0		TY OR TOWN OF DEA Baltimore	ATH	11. NAME OF H	OSPITAL, NURSIN HFACILITY, GIVE STREET Lindsay R	IG HOME ( ADDRESS) Oad	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR Buyer &	MOST OF WORKIN	G LIFE) INDUSTRY	F BUSINESS OR Fuerks
3	dia. S	AL RESIDENCE IF NURS STATE Maryland	136 COU	VTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDI 4815			21229
2	14 FA	William		MIDDLE	Sauerw	ald	15. MOTHER'S MAIDEN NA Sarah	MI	neresa	Loc	cke
1		VAS DECEASED EVER		RMED FORCES?	212-07-		Mary Jane F		ane as	# 13	
		18 CAUSE OF DEAT PART I. DEATH W		nly one couse per ED BY: TE CAUSE (o)	line for (a), (b), and	d (c).1	D			BETWEEN	MATE INTERVAL ONSET AND DEATH
	NEW YEAR	Conditions, if any, gave rise to immediate (a), statist underlying cause	mediate ng the	(b)	R AS A CONSEQU						
	TION						NOT RELATED TO THE TERM				
9	RTIFICAT	19a DATE OF OPERA			TION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	IN CEI	YES, WERE FINDII RTIFYING CAUSES YES [	
1	ш	710. ACCIDENT WAS UNI	DERLYING [	216. TIME O	FINJURY		21c. HOW INJURY OCCUR	RED SENTER NATURE	DE INJURY IN ITEM	18 PART 1 OR PART 2)	

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

MONTH DAY P.M.

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

YEAR

211 LOCATION

CITY OR TOWN

COUNTY

STATE

MEDICAL

marked or he

MPORTANT. If Hem 2

ould be detached the State Dep

224 PHYSICIAN'S NAME LTYPE OF PRINT

2000 W. BALTIMORE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our opinion death accurred on the date and have and from the causes stated

230 BURIAL CREMATION, REMOVAL

William R. Law

22a.l certify that (1) (theshaspatel) attended the deceased from

23d LOCATION

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial

8/19/85

231 NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

DEGREE

Baltimore

224 DATE SIGNED

Leroy M. Russell C. Witzke Funeral Homes P 1630 Edmondson Avenue, Catonsville, Md. 21228

FIRM SEE WHILE SEE AND THE SEE 84 33 34 84 Wattomer I to Verd Didge Harry Hill and Hill and the second Thomas supply to the same same 

while addressed to the control of th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	JIAIL OI MARILAND
OR	DEPARAMENT OF HEALTH AND MENTAL
STATE	
REGISTRAR	CERTIFICATE OF DEATH

235160	1 -	FOR STATE REGISTRAR		DEPA	RIMENT OF H	OF MARYLAND EALTH AND MENTACHY ICATE OF DEATH	GIENE 2	2 6	8	
~000		CEASED NAME FIRST		MIDDLE	L	AST		MONTH DAY	YEAR	2b HOUR
机器 10年		CARL	J		SCHAI	RRER	AUGUST	19. 198	35	05:25AM
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY) IF UP		IF UNDER 24 HRS HOURS MIN.
	1	Male	Whit		Jun	e 18.1913	72	YRS		
E 100 000 5	7a Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF		RY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	10.00	Maryland TY OR TOWN OF DEATH		SA	WIDOWE		BALTIMOR			MD.
			(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE)	VDUSTRY	BUSINESS OR
		LTIMORE	THE J	OHNS F	IOPKINS	HOSPITAL	Operator		MTA B	us
m B	Ma		imore		imore	13d INSIDE CITY LIMITS? YES X NO	3706 E1m		e.,21	213
1 16-1	14. FA	THER'S NAME William A	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME		LAST	
1 1000			dam	Scha		Julia	Agnes		Maye	ers
1 1601/	16a V	VAS DECEASED EVER IN U.S. AR ES 100 OR UNKNOWN) (IF YES GIV WW	EWAR OR DATES)	166 SOCIALS		17 INFORMANT			. 2	1001
3 5				219–10		Lillian Culo	tta,3944 W.(	Chapel k		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY.		1	-dunc arrest I	discountre			ATE INTERVAL
122	1	IMMEDIA	E CAUSE (o)	Electro	mechan	ical cardine	0151061241	-	•5	VV.
best in all the best of the be		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)_	RAS A CONSE	clestic	eardso vascul	ar dz			
requires 1 Then pla on burio	NOI	PART 2 OTHER SIGNIFICANT OF	1	ONTRIBUTING	TO DEATH BUT	(1070)	MINAL DISEASE OR CON	DITION GIVEN I	N PART 110	
To the bear of	CERTIFICATION	198 DATE OF OPERATION	19b COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	208 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
CLAN CLAN of them of them of them		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUS	TY IN ITEM 18 PART I	OR PART 2)	
G Plots otherdin to the by tond Medion h	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE		ICE, FARM ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TTENDIN priol or TOR: At 50 site of 21 is ma	R	22a I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no	8/19/80	5	1	d that in (my) (our) opinion	deoth occurred on the do	te and hour one	from the co	ot (I) (we) lost
FITAL OR A by the house Stal DIREC SHOcked SHOCKED SHO	1	276 SIGNATURE	lagnusz	oner deam.	~		MEDICAL STAP	FIAN	22c. DATE SI	1/85
O HOSFI choined by howeld be man the 3		220. PHYSICIAN'S NAME (TYPE OF	mas	nusin		5995 WCS	k, Run D	r. Bal	Hurre	mp
F 等 有效表 引着	23a. B	URIAL, CREMATION, REMOVAL	23b DATE		31 NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	co	UNTY .	STATE
BP	24.5	Burial	Aug. 2	2.1985	Harford	Mem. Gdns.	Aberdeen,	Harford	.Maryl	and
DHMH - 16 60M 7/B4		NERAL DIRECTOR		ADDRE	55		TE REC'D. BY REGISTRAR	756. REGISTRAR	SSIGNATUI	RE
(VRA 15, 4)	Lai	ring Funeral H	ome, P.A	Aberd	een, MD,	21001-339 <b>9</b> UU	2.1 1995 4	ME AND IN	1 dans	ARCA .

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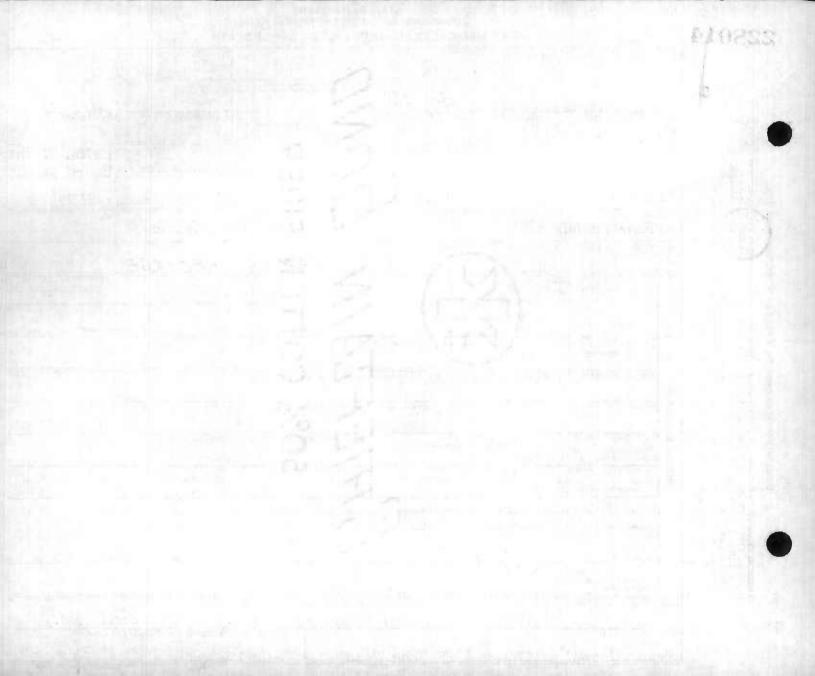
41071	- 5	OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 0 2  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG NO.	Ü
1.	. DEC	EASED NAME FIRST OR PRINT)	MIDDLE LAST 20. DATE KNOWN COMMON OF ESTI-	
PT .	sex Ma	TA PACE	S. DATE OF BIRTH  6. AGE (IN YEARS)  1. DATE OF BIRTH  1. AGE (IN YEARS)  1. DATE  1	B/ 25/1985 M H DAY YEAR BINGUR B/ 25/1985 P M
3 M	a. BIF	THPLACE (STATE OR EIGH COUNTRY)	USA WIDOWED DIVORCED BALTIMORE CITY OR COL	JNTY OF DEATH
9		Y OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  130 E. Ostend St. Balto.City  Warehouseman.	OR INDUSTRY
13	MS. of	ryland 35. COUNT	Baltimore YEXX NO 130 E20stend S	21230 St.Balto.Md.
7		THER'S NAME FIRST Joseph -	MDDLE Schilling Is MOTHER'S MAIDEN NAME FIRST LILIAN MIDDLE	Coarts
/	(YE	es W.W	212-22-5768 Eleanor T.Melton, Same as	
		PART I DEATH WAS CAUSED	(E CAUSE (a) Arterioscierotic Cardiovascular Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gove rise to immediate cause (a) stating the <u>underlying</u> cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS C	(c)CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101.	
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?  YES \( \square\) NO \( \bar{X} \)
		210 EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
	MEDICAL	ZII INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME. 21I. LOCATION STREET, FACTORY, FARM, ETC.)  21reet, FACTORY, FARM, ETC.)	COUNTY STATE
			e of the remains described abave, held an Autapsy , <u>Inspection X</u> , Inquiry , ond in my alcauses Accept , Suicide , Homicide , Undetermined monner ,	ropinion
1	/	EXAMINER'S NAME	M.D. Assistant MEDICAL EXAMINER SIG	TE 8/26/85
	(3)	RIAL, CREMATION, REMOVAL 2: Burial A	ug.28,1985 Holy Cross Cemt. Balto. A.A.Co	OUNTY STATE • Maryland
		Neral director Sully Funeral	Md.21230   250 DATE REC'D. BY REGISTRAR   256	S SIGNATURE

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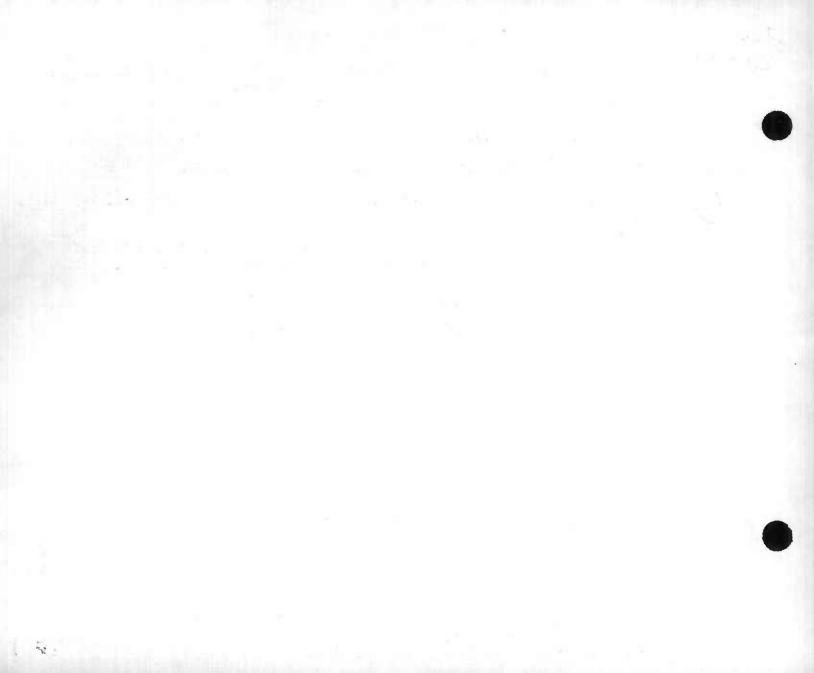
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144	1-	OR STATE					AND MENTAL H		la la	3 600		
4.	-	EASED NAME	F FIRST	MEL	WIDDLE	IEK 3 C	LEKTIFICATE		REG.		DAY YEAR	2b HOUR
BE FILED, WITHIN 77 HOURS  BO 201 W, PRESTON STRET.		OR PRINT)		E.		Ca	hloigonor	20.	OF ESTI-			ZB HOUR
1	3. SEX		Henry 4 RACE	5. DATE OF BIRTH	6 AGE (IN Y		hleisener		DATE	□ 8/	4/ 1985	R 2d HOUR
	M	ale	White	Feb 25	YEAR LAST BIRTHO				DEAD	8/	4/ 19 8	5 4 HOUR 5 A M
7	2a. BI	RTHPLACE (S		76. CITIZEN OF WH	AT COUNTRY?	8. MARR	ED NEVER MARR	HED - 9. E	BALTIMORE CITY	OR COUN	TY OF DEATH	
1	WE	W.	ERSEY	USA		WIDOW	****		altimore		,	MD.
^	10. CT	Y OR TOWN	OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS)	E, OR OTH	ER INSTITUTION	12a. USUAL FOR MOST	OCCUPATION (1	TYPE OF WORK	Baok Gibus	shounty
9		Baltim		600 Blk	E. Cold S	Sprin	g Lane (au	to) Gre	ounds K	eep.	Board	ofl ED
5	12a S'		LISE COUNT		Baltimor		13d INSIDE CITY LIMITS? YES XX NO	13e STREET 4157	The Al	lamed	a 21218	
		THER'S NAME		MIDDLE	LAST		IS MOTHER'S MAIDE	ENNAME			LAST	
5			Schleisen	er				Blied	erhause			
1	16a. V	AS DECEASE	D EVER IN U.S. ARM		166 SOCIAL SECURIT	Y NO.	12. INFORMANT		ADDRE	SS		
		res		W1		796	FAMIL	4	RECOR	135		
		18 CAUSE O	F DEATH (Enter only	one couse per line	or (o), (b), and (c).)	1		1			APPROXIMA BETWEEN ON	ATE INTERVAL
		PARTIDE		CAUSE (o) A	rterioscle	cotic	Cardiovas	cular	Disease			
RIAL, CREMATION, OR REMOVAL.				DUE TO, OR	AS A CONSEQUENCE	OF						
REV			ns, if any, which se to immediate	(b)			S. S. 1997					
			stoting the under-	DUE TO, OR	AS A CONSEQUENCE	OF	Sally my					377.71
		lying cac	ise tust.	(c)						12.		20
	N.	PART 2 OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING TO OFATH B	UT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN IN PA	ART 1 Io				
7	ATE	19a DATE OF	OPERATION	19b. CONDIT	ON FOR WHICH OPE	RATION W	'AS PERFORMED?				20 AUTOPS	SY?
	CERTIFICATION										YES 🗆	NO X
2	CER		AL CAUSEWAS	216. TIME OF			OW INJURY OCCURRE	ED (ENTERNATI	JRE OF INJURY IN ITEM	18 PART I OR PA		- 10
>	SAL SAL	CONTRIBUTI	OR OR OF DE	EATH P.M.	MONTH DAY YEA	K						
	MEDICAL	21d INJURY	OCCURRED	?le PLACE O	FINJURY (ATHOME,		CATION					
	2	AT WORK	NOT WHILE AT WORK	STREET, FACTO	DRY, FARM, ETC.)		DIRECT	CI	TY OR TOWN	cc	DUNTY	STATE
		220. I certi	fy that I took charae	of the remains desc	ribed obove, held on	Autop	sy , Inspectio	on K	noury .	ond in my o	pinion	
		death result				ncide	Hamicide .		ined monner	],		
23				1			TITCE (SPECIFY)					
		ACTUAL SIGNATURE.	1	W	Marie Marie	м	D Assistan	t MEDICA	LEXAMINER	DATE	8/5	/85
7		Development a serie	MANE							3,314		
-		EXAMINER'S (TYPE OR PRI	NT) Grego	ory R. Kar	uffman, M.	0.	ADDRESS	111 P	enn St.			
	23a.BI	JRIAL, CREMA	TION, REMOVAL 23		23c. NAME OF CE	METERY O	RCREMATORY	23d. LOC A	TION	cou	INTY	STATE
		burial		3/7/85	Hopewell	1 Cer	metery	Pt.	Deposit	Cec.	il Md.	
)	24. FI	NERAL DIREC	TOR	ADDRESS			250. DATE	REC'D BY RE	GISTRAR 756 RE	GISTRAR'S	SIGNATURE	
	$E_{\nu}$	ans C	hapel of	Chimes 2	325 York	Road	A	1614	1005		4. 4. 1	100
									IUU.	THE POLICE COMP	THE PARTY OF THE PARTY.	-



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CEDTIFICATE OF DEATH

NE

	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HY	REG. NO.	dian than
2000		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3090	(TYPE	(CR PRINT) Kathleen	E	Sch	neider	8	15 85 10:50 kg
. po	3 SE	x	4. RACE	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
90		Female	White	3 MONT	27 YEAR 04	81 <sub>Y8</sub>	The state of the s
17 m		RTHPLACE (STATE OR FOREIGN Penn.	U.S.A.	OUNTRY? 8  MARRIE  WIDOW	D NEVER MARRIED DIVORCED	Balto.	NTY OF DEATH  City, MD
100	4	TY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, 4320 Clar	GIVE STREET ADDRESS)	DR OTHER INSTITUTION  L. 7-G	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Beutician	126 KIND OF BUSINESS OR INDUSTRY Salon
A)3	USU. 13a :	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESID NTY 13c. CITY	ence before admission) Y OR TOWN Baltimore	134, INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e.STREET ADDRESS / ZIP C 4320 Clareway	
₹00	14 F/	ATHER'S NAME PREST Patrick	WIDDLE	Connor	15. MOTHER'S MAIDEN NA FIRST Margaret	MIDDLE	Gloss
1 3/	Ida V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	78707ESS Ha	rold Road
T T	L	YES, NO OR UNKNOWN) (IF YES, GR	218	3-03-9639	Edward O. St	turtz Balto.,	MD. 21222
ourial, cremation, or y, or other froumatic		Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	YO CATOLOUS	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART Ita
sit permit. Their grene prior to the shows ony injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATIO	n was performed		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
s certificate has burial-transit per Mental Hygiene or Item 18 shows	_	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	Y DNTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN HEM	IS PARE 1 ORPART 2)
s the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME STREET, FACTO		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use of Health		220.1 certify that (1) (this hasp sow the deceased alive an abave, 4th (we) (did no	atter t		nd that in (my) (our) apinion	deoth occurred on the date and	hour and from the causes stated
RA1 DIRE( edetoched state Dept. NT: If them		226 SIGNATURE	wy Cosmon		DEGREE  ATTENDING PHYSICIAN [ 1226 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 8/16/85
should be deto with the State D		Carla Woif C			BrohmsLanem	redicul center, 3	400 Brennscare
F 0 3 ≤		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
		cremation	8/18/85		lew Memorial	Baltimore,	MD
1 - 16 50M 4/B3 VRA 15, 4)	24 F	UNERAL DIRECTOR Duda - 7922 Wise Aver			A 1.1	G 1 9 1985	Daydon-Hondalle



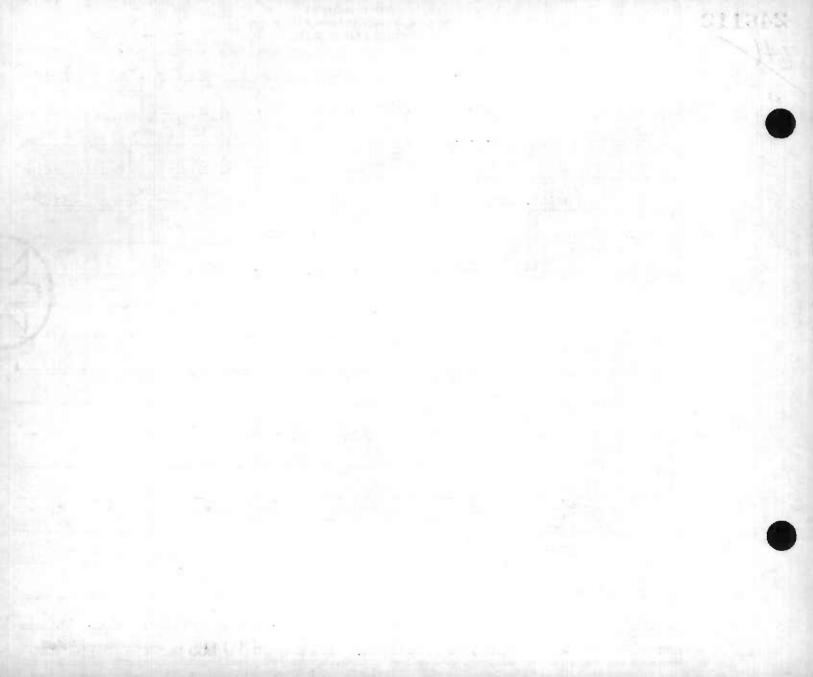
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

52043	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF I	E OF MARYLAND TEALTH AND MENTAL HYG TICATE OF DEATH	REG. NO.	6 2 3
noy be		ORPRINTI Alice	MIDDLE C.	- /	penfeld	20 DATE OF DEATH MONT	30 85 6:55 PM
e 4 moy	3. SE	EMALE	W HITE	S. DATE (	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Poor Poor		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTS	2Y2 8	D NEVER MARRIED	9. BALTIMORE CITY OR CO	
s after de	10. C	Baltmore	11. NAME OF HOSPITAL, NUR (IFNOT IN SUCH FACILITY, GIVE STI	SING HOME (		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWIFE	126. KIND OF BUSINESS OR
24 hour	13a_S	AL RESIDENCE (IF NURSING HOME OF ITATE 138 COURT BALT	OTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR TO	FORE ADMISSION	13d. INSIDE LITY LIMITS?	13e STREET ADDRESS / ZIP 6318 GREENS	CODE
ad within	FA	THER'S NAME FIRST UNKNOWN	MIDDLE LAST COH	EN	15. MOTHER'S MAIDEN NA/		LAST
Poges		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE VE WAR OR DATES)	2 -089-	17 INFORMANT	HENRY F. ADDRESS OF	ENFELD VENSON MD 21153
low requires that the d s been signed by the or rmit. Then pleose remo prior to buriol, cremofi ony injury, or ather tro	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION	DUE TO, OR AS A CONSECUTION CONDITIONS CONTRIBUTING TO CONDITION FOR WHI	OUENCE OF		INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
physician. Thircote has blacked by the standard physician. Thircote has blacked by the standard physician and standard physician by the standard phy	_	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH.	DAY YEAR	21c HOW INJURY OCCURR	YES NO RED (ENTER NATURE OF INJURY IN IT	YES NO
G PHYSIC attending er this ce s the bund and Men ked or Ite	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI	CE FARM ETC )	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
TTENDIN pital ar of TOR: Aff for use at af Health		220 I certify that (I) (this hospi	ottended the deceased fro			to 6/30 death occurred on the date or	19 62 J . that (I) (we) last
O HOSPITAL OR A eroined by the hos TO FUNERAL DIRECTORDIDE CHOUGHED With the Store Dept.		226 PHYSICIAN'S NAME (TYPES	Selmter DR PRINT)		ATTENDING PHYSICIAN [	1	272. DATESIGNED
of of short with the state of t	23a E	URIAL, CREMATION, REMOVAL  BURIAL	23b. DATE 22 SEPT. 1, 1985	HAR S	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP HMH - 16 50M 4/83 (VRA 15, 4)			EVINSON & BROS.	, INC.		OWINGS MIL E REC'D. BY REGISTRAR 25b. R	



LIK		REGISTRAR			CEITITI	ICATE OF DEATH	REG. NO	0		
10		DECEASED NAME	FIRST	MIDDLE	· ·	AST			DAY YEAR	2b HC
5.5	l'	TOPE OR PRINT)	CARL	R.		SCHULZE		082	785	9
4 1	3	SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNI
1011		Male	V	White		30, 1916	69	YRS	MONTHS: DATS	HOGK
nerol din 72 hoi	3	BIRTHPLACE (STATE OR FOR COUNTRY)  Maryland	PREIGN 76 CITIZEI	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O BALTIMORE			
P P	111	BALTIMORE CI	(IF NOT	E OF HOSPITAL, N IN SUCH FACILITY, GIVE ION MEMO	STREET ADDRESS)	PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O Stock Cler	F WORKING LIFE	17b. KIND C INDUSTRY Bendi	
i B	6			I 31. CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 4303 Newp	ZIP CODE		
	O II	FATHER'S NAME FIRST  Karl Schul	MIDDLE Lze	LAS	st	15. MOTHER'S MAIDEN NA FIRST Edna Nef	MIDDLE		LAS	i T
s. Pages e medicul	/ 16	WAS DECEASED EVER IN THE STORY OF UNKNOWN) YES	N U.S. ARMED FORCE (IF YES, GIVE WAR OR DA  WWII	TES)	SECURITY NO.	Marguerite	ADDRE			
			MANAPOLATE CALICE	01	) a vamo	117 11 11 1/11	THE PARTY OF THE	F 163		
signed by the attending I hen please remave carbon to burial, cremation, ar rer ijury, ar other traumatic ev		Canditions, if any, vigave rise to imme cause (a), stating underlying cause	which ediate the last	(O, OR AS A CON:	SEQUENCE OF	NOT RELATED TO THE TERM	LINOMA OF LU		EN IN PART 10	0
has been signed permit. Then plecene prior to burial lows any injury, ar	2	Canditions, if any, vigave rise to imme cause (a), stating underlying cause	which selicite the last DUE 1	TO, OR AS A CON:  TO, OR AS A CON:  CO, OR AS A CON:  C)  NS CONTRIBUTING	SEQUENCE OF SEQUENCE OF			20b. IF YES, IN CERTIFY	EN IN PART 1: , WERE FINDING CAUSES	NGS UI
een signed int Then plec nor to buriol ny injury, or	100	Canditions, if any, a gave rise to imme cause ial, stating underlying cause  PART 2 OTHER SIGNIF  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTHY MEDICA)  21d. INJURY OCCURREI  WHILE NOT WHILE AT WORK	which ediate the lost on the lost on l	IO, OR AS A CON:  10, OR AS A CON:  11, ON TRIBUTING  11, ON TRIBU	SEQUENCE OF  SEQUENCE OF  G TO DEATH BUT  WHICH OPERATIO  H DAY YEAR  19  DEFICE, FARM. ETC.)	NOT RELATED TO THE TERM	200. AUTOPSY?  YES NO SEED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	NGS U
1. DRECTOR After this certificate has been signed stacked for use as the bunch-transit permit. Then plec the Dept. of Health and Mental Hygiene prior to burial it flem 21 is marked or them 18 shows any injury, or	100	Canditions, if any, or gave rise to imme couse (a), stating underlying couse  PART 2 OTHER SIGNIF  19a DATE OF OPERATION  11a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL  (IF EITHER NOTEY MEDICAL  WHILE NOTEY MEDICAL  AT WORK  27a. I certify that HM (1)  Saw the deceased above.	which ediate the last DUE 1  (FICANT CONDITION  ON 19b. C  REYING 12b. TI  LUSE OF DEATH HOU  LEXAMINER) 21e. PI  (AT HO  This hospital) attended alive on 1  Living the condition of the conditi	IO, OR AS A CON:  (O) OR AS A CON:  (C) ONDITION FOR W  IME OF INJURY IR A.M. MONTH  P.M.  (ACE OF INJURY ME, STREET, FACTORY, C  (and the deceased for the dec	SEQUENCE OF  SEQUENCE OF  G TO DEATH BUT  VHICH OPERATIO  H DAY YEAR  19  DEFICE, FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURI  21l LOCATION SIREE1  21 to Cation SIREE1  ATTENDING PHYSICIAN E	200 AUTOPSY?  YES NO SEED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FINDING CAUSES S COUNTY	NGS U OF DI NO
1. DRECTOR After this certificate has been signed stacked for use as the bunch-transit permit. Then plec the Dept. of Health and Mental Hygiene prior to burial it flem 21 is marked or them 18 shows any injury, or	7	Canditions, if any, or gave rise to imme cause in any or stating underlying cause.  PART 2 OTHER SIGNIFE  190 DATE OF OPERATION  210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI  (IF ETHER NOTEY MEDICAL  WHILE AT WORK NOTEY MEDICAL  220.1 certify that HM (  saw the deceased above.	which ediate the lost of the l	IO, OR AS A CON:  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (10)  (	SEQUENCE OF  SEQUENCE OF  G TO DEATH BUT  WHICH OPERATIO  H DAY YEAR  19  OFFICE, FARM ETC.)  from  B 5, or	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCUR!  211. LOCATION STREET  3. 19. 85  nd that in (aur) apinian  DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS	200 AUTOPSY?  YES NO SEED (ENTER NATURE OF INJUR  CITY OR TO:  MEDICAL STAF  DIRECTOR PHYSIC	206. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	, WERE FIND IN YING CAUSES 5	NGS US OF DE NO
DIRECTOR After this certificate has been signed ached for use as the burnol-transit permit. Then pled Dept. of Health and Mental Hygiene prior to burnol if hem 21 is marked or hem. It shows any injury, or	7	Canditions, if any, or gave rise to imme couse (a), stating underlying couse  PART 2 OTHER SIGNIF  19a DATE OF OPERATION  11a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL  (IF EITHER NOTEY MEDICAL  WHILE NOTEY MEDICAL  AT WORK  27a. I certify that HM (1)  Saw the deceased above.	which ediate the last DUE 1  (FICANT CONDITION  (AT HOLE AND	IO, OR AS A CON:  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (10)  (	SEQUENCE OF  SEQUENCE OF  GTO DEATH BUT  VHICH OPERATIO  H DAY YEAR  19  OFFICE, FARM ETC.)  from  BD, or  MD  23c NAME OF C	NOT RELATED TO THE TERM  N WAS PERFORMED  21t. HOW INJURY OCCURI  21t. LOCATION SIREE1  21g Agriculture  ATTENDING PHYSICIAN  22g ADDRESS	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO:  death accurred an the do  MEDICAL STAR  DIRECTOR PHYSIC	206. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	COUNTY  WERE FIND IN YING CAUSES  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	that that that significant that that that that that the transfer t

STATE OF MARYLAND



24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

BALTO.

6010 REISTERSTOWN RD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL SAY GIENE

2h HOUR

UNKNOWN

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

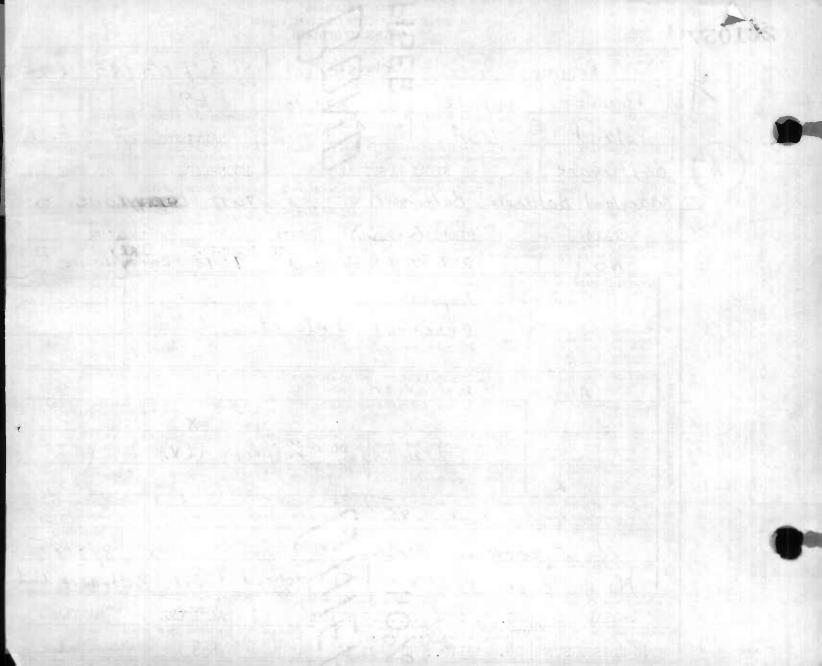
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condition function but switched with the built

221057	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		2 6
~~1007		REGISTRAR			REG. NO.	
1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
noy be poge 3	1	Regino		Schuster	8 / 03	185 12.00 am
y y y	3. SE	The state of the s	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	F UNDER I YEAR IF UNDER 24 HRS
Tris ofte	1	Female	white	DO DAY YEAR		ONTHS DAYS HOURS MIN.
Pour Pour	To B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deoth deoth		Poland 1	USA	WIDOWED DIVORCED	BALTIMORE CI	
ž 23 AV	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b KIND OF BUSINESS OR INDUSTRY
S of	1	altimore		I HOSPITAL	HOUSEWIFE	AT HOME
120 our	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		AI IIIII
AND 2	130	Naryland Boll	11.	MOPE YES NO DE	0110100	yLane 21208
The state of the s	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE		LAST
d w d		CHAIM		VNKANA BASS	MIDDLE ITA	NKNOWN
E. S.	160	WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	MOD COLUMNICATION APPRESS TO	
MORE Poges			VE WAR OR DATES) 217 3	+9828 Husband	MOE SCHUSTER LOPESS LOPESS	Lane #21208
LTI e e e						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hysioppap		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a ED BY:	- (		BETWEEN ONSET AND DEATH
ST.		IMMEDIA	TE CAUSE (0) hy pole	nsion		
No h carbino orice			DUE TO, OR AS A CONSEQU	ENCE OF T	1	
STC leat		Conditions, if any, which	( b) Cere	bral Infa	rCT	
Par he o he o man a truck		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENICE OF		
W. by til	132	underlying couse lost.	DUE TO, OR AS A CONSECU	ience or		
201 s th ed the plea irrol,		DANKS ONUS STOLUTION	(c)	DE AVIL BUY AND THE AVER TO THE	TERMINAL DISEASE OR CONDITION GIVE	ALINI DADT 1
2 E 2 X	z	21	CONDITIONS CONTRIBUTING TO	410 h	E TERMINAL DISEASE OR CONDITION GIVE	IN IN PART ITO
RECORDS.  Iow requi	CERTIFICATION	Atria	1 107/114		Too AUXODENA TON IF VEC	WEBS SINION LOSS LISSES
E on bring	N N	196 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED 'ING CAUSES OF DEATH?
	- =				YES NO YES	_ NO _ ,
ON OF VITA HYSICIAN: The ding physicic is certificate burial-transit Mental Hygie	1 1	21a. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P		CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT T OR PART 2)
OF VII		OR CONTRIBUTING CAUSE OF DE		26 1986 Brains I	nfarct (CVA)	
ON O HYSIG	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
DIVISION OF NG PHYSICIA Viter this certif os the busidit h and Mental orked or frem	WE		(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
NING Notes of the oarke		AT WORK - AT WORK 74		1.34	0 3	96
Leo Es			nital) attended the deceased from	7/26,19_	Y), to 8, 1	9, that (1) (we) lost
TTE Porto of F		sow the deceased alive or above, (I) (we) (did) (did no	ot) view the body after death.	), and that in (my) (our) op	oinion death occurred on the date and hour	and from the causes stated
OR ATT		22b. SIGNATURE		DEGREE		224. DATE SIGNED
L DIR He Dei		W B	nach /k	Collins MAJTENDI	ING MEDICAL STAFF	8/3/85
ERA STORE OF	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	- Concertor of Trinstellar CA	,
The d	1	Nation of			chood Court Re	Hinara Md
TO HOSPITAL ( retained by the TO FUNERAL E should be deten with the State E IMPORTANT: If	-	Matalle B	brookins-Reddi		Courty Bo	altimore, will
F = - 0 / 2	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	COUNTY
BP		BURIAL	AUG. 4, 1985	SHAAREI TFILOH	BALTIMORE	MARYLAND
DHMH - 16 50M 4/B3	24 F	UNERAL DIRECTOR SOL	LEVINSON & BROS.	, INC. 25	DATE REC'D. BY REGISTRAR 256. REGISTR	
(VRA 15, 4)	1 6	010 REISTERSTO	WN RD. BALTO.,	MD 21215	AUG 7 1985 Julie J.	widson-Randelle



246043	1 - STATE REGISTRAR		2 /								
	1. DECEASED NAME	FIRST	WIDDLE	l.	AST	REG. NO.	DAY YEAR 26 HOUR				
oy be	{TYPE OR PRINT}	ABRAHAM	ALFRED	9	CHWARTZ	Aus	24 1985 630 pm				
you go	3 SEX	4. RACE	THE TOD	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS				
4	MALE	WH	ITE	AUG.	16 1907 YEAR	78 YR	MONTHS DAYS HOURS MIN,				
o (3/20 8)		OR FOREIGN 76 CITIZE	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH						
to Kors	5 MD.	U.S	.A.	WIDOWE		BALTIMORE	CITY MD				
i	10 CITY OR TOWN OF D		T IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	126 USUAL OCCUPATION	12b. KIND OF BUSINESS OR				
Po tilled	BALTIMORE	U	NION MEMO	RIAL HOS	SPITAL	CAB DRIVER	INDUSTRY Cab co.				
212 d in	USUAL RESIDENCE IF N	ITSING HOME OR OTHER INSTI	TUTION, GIVE RESIDENCE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C					
AND SAND	MD.		BALTIN		YESX NO	4320 CLAREWAY					
arthir arthur 2 shely 2 sh	14 FATHER'S NAME FIRST	MIDDLE	IAS	,	15. MOTHER'S MAIDEN N.	AME MIDDLE	T2a.i				
MAR mpie	CARL	Mode	SCHWART	rz	ÄNNA		KATŽ				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours reterificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbonpapers. Pages and 2 should be filed than and Mental Hygiene prior to buriol, cremation, or removal.	160 WAS DECEASED EV	ER IN U.S. ARMED FOR				A2207 V	Vatervale Rd.				
IMORE or execute execute Poges	IVES NO OR UNKNOWN)	FIF TES. GIVE WAR OR DA	219-07	7-4572	Janet Gregor	ry (dghtr) Balls	ston, Md. 21047				
ALT sterior pers. ol.	18 CAUSE OF DE	ATH (Enter only one cou	use per line for (o), (	b), and ic)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
T., B	PART L DEATH	PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (0) has a careful infantion									
or re	A STORY	DUE TO, OR AS A CONSEQUENCE OF									
STC least ten ve c ion, oumo	Conditions, if a	Conditions, if ony, which									
he d he o emo emo	gove rise to i	mmediote	TO, OR AS A CONS	EQUENCE OF			THE REPORT OF THE PARTY OF THE				
W. hot the by the other	underlying cos	DOL	(c)	DEO OLIVEE OI							
20 room or	PART 2. OTHER SI	GNIFICANT CONDITIO	NS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110				
RDS, require to b injury	& seriph	nal vasc	-lan dis	una (	severe) =	schenia loven	extra trus; se				
mit.	190 DATE OF OPE	RATION 19b. C	CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED				
L Re lo	NO 190 DATE OF OPEN	es isc	henie los	un ush	en. hus	YES NOT	RTIFYING CAUSES OF DEATH?  YES NO NO				
VITAL  N: The  cote h	21a ACCIDENT WAS		IME OF INJURY	L DAY VEAD	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)				
CIAN CIAN OF VIEW	OR CONTRIBUTING	J CAUSE OF DEATH	UR A.M. MONTH	DAY YEAR	DATE OF THE OWNER.						
ON ding	21d INJURY OCC	JRRED 21e F	LACE OF INJURY		21f. LOCATION	CITY OR TOWN	COUNTY STATE				
VISI G Pl orter and and ked		WHILE [AT HO	OME, STREET, FACTORY, O	PFFICE, FARM ETC )	STREET	CITTORIOWN	COUNT				
Po Pin Aff		(I) (the hospital) attend	ded the deceased f	rom A-c	7 19 85	10 Are 24					
TEN Or US Of He		saw the deceased alive an 19 19 35 ond that in (my) (our) opinion death accurred on the date and hour and from the couses stated above (1) world and only less the body after death.									
REC REC Pept.	226 SIGNATURE	COSTACTOR - COST ONE TO COST OF THE COST O									
the Dord	116	a kt	2 1	200	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-24-85				
PITA PERA Sto Sto	224 HYSICIAN'S	224 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS									
O HOSPIT.  Troined by O FUNER O FUNER ON THE STEEN OF THE	JOH	JOHN A. RUTH M.D. UNION MEMORIAL HOSPITAL									
Office of the second of the se	23a BURIAL, CREMATIO				EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE				
BP	Buria		26/85		of Faith	Baltimore	Md.				
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	Schimunek F	uneral Ho	me Inc.		ATE REC'D. BY REGISTRAR 256 REC	the same and the s				
(VRA 15, 4)	3331 Brehms Lane, Balto. Md. 21213 AUG 27 285 Augustus Mandelle										

A BAREL

B. MITH E.

MILD DECELLAR

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LIMITED TRACES UNDER

JUH A. HITT A. HID.

JATISTON LAIMON & VOIN

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1		1, DE	EASED NAN	IE FIRST	- 1	MEDICAL	EXAMINE	R'S CERT	IIFICĂTE (	OF DEATH	REG. I	X MONTH	DAY YEAR	26 HOU
X	FEED OF	1		BE.	SSIE		SCHWART		VD VS IN ISS	DEA	ATH MATED	□8-23-	85 19 YEAR	,
	Die Pu		MALE	WHITE	NOV. 2	22 1898	LAST BIRTHDAY)	MONTHS D	YR. IF UNDE	MIN PRON	OUNCED	8-23-	85 19	8:15
	MITHER AND THE PROPERTY OF THE	70	ARYLAN		76. CITIZEN O	USA		MARRIED [	NEVER MARE	RIED	TIMORE CITY altimor			1AA
	PAGE PAGE	E	Baltimo	ore	3912°V	M.FACNOrt	rsing Home, of the Pki	yy. 3RD	FLR. A	FOR MOST OF	CUPATION (T WORKING LIFE) DUSEWIF		OR INDUS	TRY
.21201	ANN AND S	MA MA	RYLAND	136 CO	AE OR OTHER INSTITUTION	DN. GIVE RESIDENCE   13c CITY   BAL'	E BEFORE ADMISSION Y OR TOWN TIMORE	13d 18	ASIDE CITA FIWILESS	3912 W	DRESS 3RD NORTH	FLR. ERN PK	APT. WY. #2	1215
SRE, MD	SEATH TO SEATH	S	IMON		WIDDLE	FROH			OTHER'S MAID MINDELI		WICIOLE		NS KY	
ALTIMO	I GIVE PA WITH FOR PACES 1 DIVISION	(A)	VAS DECEASI ES, NO, OR UNKN		ARMED FORCES?		= 50 = 6008			S. MINDI			Y 100	22
DRDS, 201 W. PRESTOR	B BE EXECUTED WITHIN 34 NADING: IN PENCIL, IN TE WEICAL EXAMINER ALCO AS A BURIAL "TRANSIT PE ALTH AND MENTAL HYGIE CREMATION, OR REMOVA	7	gove i cause (d lying co	ans, if ony, which ise to immedia a) stating the unduse lost.	ich ate (b)_	, OR AS A COR	nsequence of				rsease			
VITAL RECO	A HE BERT	CERTIFICATION	M.	FOPERATION	19b. CO	NDITION FOR	WHICH OPERA	ION WAS PE	RFORMED?				20 AUTOPS	
IONOF	RTHCATE SH NG THE WOR D TO THE O SHOULD BE PARTMENT PROR TO BUIL	MEDICAL CER	UNDERLYIN CONTRIBUT	ING CAUSE C	DF DEATH HOUR	E OF INJURY A.M. MONTH P.M.	19			ED LENTER NATURE C	OF INJURY IN ITEM	18 PART I OR PART	2)	
DIVIS	WRITIN WREDED WAGE 3 S ARE DEP	WED	21d INJURY WHILE AT WORK	OCCURRED  NOT WHILE AT WORK		CE OF INJURY , FACTORY, FARM, I		211. LOCATIO STREET	N	сіту о	OR TOWN	COUP	iTY	STATE
•	D MEDICAL EXAMINER: 1 CECUTE THE CERTIFICATE, CGE 4 SHOULD BE FORW CREE DEATH, WITH THE ST THE DEATH, WITH THE ST ALLIMORE, MARYLAND, 3		22a I cer death resul ACTUAL SIGNATURE	ted from: No	orge of the remain sturol couses X	Accident	Jall	TI		Undetermined  The MEDICALE  Penn Str	MAMINER	DATE SIGNED	8-23-	-85
	EXECUTE PAGE AFTER BALLIVE	23a.Bl	TYPE OR PR	ATION, REMOVA	rgarita		NAME OF CEME	ADDR	ESS	23d. LOCATIC		COUNT		STATE
07/84 25M	DHMH - 17 (VR A15 ME (5))		BUR I	AL CTOR SOL	8-25-85 LEVINSON TOWN RD,	BRO		IM 1215	25a. DATE	REC'D. BY REGIS		GISTRAR'S SIG	SNATURE	ID Re.

		1.	FOR		D	EPARTMEN		MARYLAND H AND MENTAL	HYGIENE ()	2 5	91	)	
248	3067	11-	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
	2	I. DI	ECEASED NAME	FIRST		MIDDLE		LAST	Za DA	REG. NO		DAY YEAR	25. HOUR
	Way is Sel	(T)	PE OR PRINT)	JERRY	EDI	VARD	SCC	OTT	01	TH MATED		20 0	
	FILE	3 SE	X 4. RAC		DATE OF BIRTH	6. AC	GE (IN YEARS   IF UI				MONTH	28 19 8	
	FZ CER.			ack	3 24	34	51 YRS.		MIN PRONC	AD			7:28 P <sub>N</sub>
•	NECESSARY, FUNERAL DIR 5 TOR TOU 5 WHESTON	2 1	SIRTHPLACE (STATE OR OFFIGN COUNTRY) VIRGINIA		76. CITIZEN OF WH		MARE WIDOV	NEVER MARE	RIED 🔲	timore city o	_	OF DEATH	WE
	TO THE FL TO THE FL TO THE FL SE ZONW	1	Baltimore			Saratog	a St.	HER INSTITUTION	12a USUAL OC FOR MOST OF	CUPATION (TYPE WORKING LIFE)	OF WORK	OR INDUS	
21201		13a	AL RESIDENCE (FINNI STATE [aryland	IRSING HOME OR		RESIDENCE BEFORE 13c. CITY OR T Baltin	e ADMISSION) OWN Nore	134: INSIDE CITY LIMITS?	13e STREET AD	DRESS Sarat	oga	St. 2	1201
RE, MD.		2	ATHER'S NAME Frank		MIDDLE	cott		Is MOTHER'S MAID FIRST Kate		MIDDLE	Dews	LAST	
WO	NURS AFTER BIS GIVE PAGE 11. PAGES 1	160.	WAS DECEASED EVER	IN U.S. ARM		166 SOCIALS	ECURITY NO.	17. INFORMANT		ADDRESS			
ALT	JRS AFTER 3. GIVE PA WITH FOR I. PAGES DIVISION		10	(	an on one of	227-38	3-9379	Corine	Scott 7	70 W.	Sara	toga	Stree
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS TING THE WORD: "FENDING" IN PENCIL IN 11EM 18. DED TO THE CHIEF MEDICAL EXAMINER ALONG WI 35 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT P DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIP PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, if gove rise to couse (a) statin lying couse lost	ony, which immediate g the <u>under</u>	(b) DUE TO, OR A	AS A CONSEQU	JENCE OF	cardiovascu		ease			
3E	FEAN WENT	7 ×	190 DATE OF OPER	ATION	196. CONDIT	ON FOR WHIC	H OPERATION V	VAS PERFORMED?				20 AUTOPS	Y?
¥.	WORD " HE CHIEF O BE USET ENT OF H	/ I \( \)										YES X	□ ON
ONOFV	THE WOULD BE NOULD BE NOULD BE NOULD BE NOULD BE NOT THE NOT THE NOT TO BUT TO	CAL CERTIFICATION	210 EXTERNAL CALL	OR		MONTH DAY	YEAR	OW INJURY OCCURR	ED (ENTER NATURE O	FINJURY IN ITEM 18 P.	'ART I OR PART		
DIVIS	WR WR ARE ATE	MEDICAL	WHILE NOT AT WORK	WHILE D	21e PLACE O STREET, FACTO	F INJURY (AT I DRY, FARM, ETC.)		CATION STREET	CITY OF	TOWN	COUN	πγ	STATE
•	TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STAT BALTIMORE, MARYLAND, 21;		220. I certify that death resulted from ACTUAL SIGNATURE		of the remoins desc	ribed obove, he	Suicide	Nosy X. Inspection  Homicide  TITLE (SPECIFY)  A.D. Assistant	Undetermined	monner .	d in my opin  DATE SIGNED		-85
	TO MEDIC EXECUTE T PAGE 4 SI TO FUNER AFTER DEA BALTIMOR	1	EXAMINER'S NAME (TYPE OR PRINT)	122311111111111	M. Dixon,			ADDRESS	Penn St.				
07/84	BP		BURIAL BURIAL	REMOVAL 231	0/4/85	Ceda	of CEMETERY C	Cemeter:			1 Co	M	SAATE C.
25M	DHMH - 17 (VR A15 ME (5))	24. I	mac Marc	h F/H	Inc. ADDRESS	01 E N	North A	venue 25 SEP	REG'D. BY 158	PAR 256 REGIS	URABOSANC	THORE SO	

21213

3331 Brehms Lane, Balto., Md.

(VRA 15, 4)

OF: NO RESELVE OF TRUTHER OF THE PERSON

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Altered to the state of the later

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# DEPART

SIMIL OF IMPAIRMIN		100	8.4
MENT OF HEALTH AND MENTAL HYBIENE	Gra	line	-
CERTIFICATE OF DEATH			

RTIFICATE OF DEATH	REG. NO.			
1.45.7	A DATE OF DEATH	The M	W . D	1

REGISTRAR			REG, NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Willia	.m	Scott	8/13/85	11:15 m
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Black	9/8/13 YEAR	7 F YRS.	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED T NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
Virginia	USA	WIDOWED DIVORCED	D 3 + 1 O 2	ty MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  {TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
Baltimore	Lake Drive Nu	rsing Home	Odd jobs	
USUAL RESIDENCE (IF NURSING HOME C 13a. STATE 13b. COU	INTY I3c. CITY OR TOW	N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COD 1102 Druid Hi	E 11 Ave. 2121
14 FATHER'S NAME FIRST Harper	MIDDLE Scott	15. MOTHER'S MAIDEN N Julia	AME MIDDLE	LAST
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
(YES NO OBJINKNOWN) (IF YES O	213-07-	4962 Anna Scot	t 1102 Druid H	ill Ave 2121
	only one couse per line for (a), (b), one	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1, DEATH WAS CAUS	ATE CAUSE (0) Metasta	atic cancer of	prostate	years
	DUE TO, OR AS A CONSEQUE	ENCE OF		
Conditions, if any, which gave rise to immediate	(b)			

cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Chronic renal failure, anemia

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? N/A N/A NOX YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC )

211 LOCATION CITY OR TOWN

WHILE NOT WHILE 220 1 certify that (1) this tended the deceased Iron

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE

the body ofter depth

22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8/14/85 22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINCE Arthur M. Lebson, MD

3640 Fords Lane 21215

230 BURIAL, CREMATION, REMOVAL

sow the deceased aliv

STATE

should be detach

MPORTANT

CERTIFICATION

prior

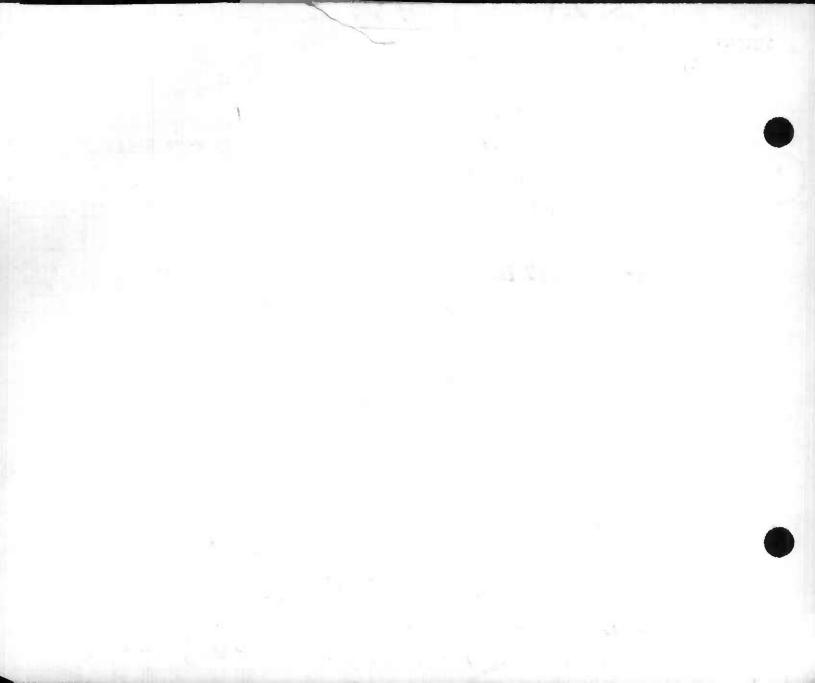
marked or

PRESTON ST.

DIVISION OF VITAL RECORDS.

DHMH - 16 50M 4/83 (VRA 15, 4)

COUNTY



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL MYGISNE CERTIFICATE OF DEATH

- STATE REGISTRAR

REG. NO. MIDDLE LAST 20 DATE OF DEATH DECEASED NAME MONTH 2b. HOUR TYPE OR PRINTS WILLIAM ARMISTEAD SCOTT AUGUST 13, 1985 3:30A M 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF LINDER 1 YEAR 3 SEX 10 17 26 Male Black 58 YRS TO BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. BALTIMORE CITY WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR

BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING TIME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Baltimore

FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

Alberta

130 STREET ADDRESS / ZIP CODE 3 Hallfield Court

TYPE OF WORK FOR MOST OF WORKING LIFET

MIDDLE

21236

LAST

INDUSTRY

Maryland 14 FATHER'S NAME

Clarence

In WAS DECEASED EVER IN U.S. ARMED FORCES?

Scott

17 INFORMANT

ADDRESS

CERTIFICATION

MEDICAL

LIF YES, GIVE WAR OR DATEST

166 SOCIAL SECURITY NO 213-20-9949

Gloria Scott 3 Hallfield Court

20n AUTOPS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OJ underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTILIA PART 2. OTHER SIGNIFICANT CONDITIONS

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

(AT HOME STREET, FACTORY OFFICE FARM ETC.)

21e. PLACE OF INJURY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

211 LOCATION

STREET

CITY OR TOWN

COUNTY STATE

NO IT

20b IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

WHILE NOT WHILE 220 I certify that (1) This hospital) attended the deceased from sow the deceased plive on Aucust
obove, (1) (we) (did (did not) view the body litter death.

19 85 , and that in (my) (our) opinion death occurred an the date and hour and fram the couses stated DEGREE

ATTENDING MD

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d PHYSICIAN'S NAME

230 BURIAL, CREMATION, REMOVAL

226. SIGNATURE

BURTAL

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

8/20/85

231 NAME OF CEMETERY OR CREMATORY Dulaney Valley Cem

22e. ADDRESS

Baltimore Co.,

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

ould be dent the State

F G 00

24 FUNERAL DIRECTOR

C MArch F/H Inc. 1101 E North Avenue

23b. DATE

REGISTRAR 256 REGISTRAR'S SHONATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE

2633

A. X	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	<b>5</b> 4
/	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR A
9	ELIJAH	MORDECAI	SEIDENBERG	AUGUST 30, 1985	10:50 м
100	3. SEX	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF U	INDER I YEAR IF UNDER 24 HRS
1	MALE	WHITE	JUNE 19, 1913	72 YRS	Y Lot the Til
1)	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
14	WASH., D.C.	USA	WIDOWED DIVORCED	BALTIMORE CIT	
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	(ODRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
E	BALTIMORE	5610 REISTERSTO			SELF-EMPLOYED
135	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b. COU		ORE   13d INSIDE CITY LIMITS?	5610 REISTERSTOWN	RM. 134 RD. #21215
Prine	14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN I	NAME	LAST
(4)	HARRY	SEIDENBER		GLOB	SUS
dico		IVE WAR OR DATES)		JUDY DAVPSS	0.05.75
e me	NO	379-07-	3429 5620 615T F	PLACE RIVERDALE, MD	
nt, th	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line to 101, (b), one	fich / w/	0 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ever		TE CAUSE (a)	cardial &	forces	
notic		DUE TO, OR AS A CONSEQUE	NCE PA CALO	0	14.1
roor	Canditians, if ony, which gave rise to immediate	(b)	(0000)		
ther	cause (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
0 10		(c)			
lury,		1 - 1	PEATH BUT NOT RELATED TO THE TE	rminal disease or condition given	IN PART I to
nny in	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ERE FINDINGS USED
Smo	TIE!			YES NO YES T	IG CAUSES OF DEATH?
8 sho	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU		OR PART 2)
E 7	OR CONTRIBUTING TO CAUSE OF DE		Y YEAR		
or It	THE EITHER NOTHY MEDICAL EXAMINE  21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CIVEDIA	COUNTY STATE
ked	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE FA	ARM ETC ) STREET	CITY OR TOWN	COONIA
E		oital) attended the deceased fram_	11 -14 19 7	7 to 8 - 30 19	15 that (I) (we) lost
21 is	saw the deceased alive at	at) view the bady after death.	35, and that in (my) (aur) opinio	on death occurred on the date and haur an	nd fram the causes stated
E a	226 SIGNATURE	O D O	DEGREE		224 DATE SIGNED
<u>=</u>	I tanken !	Marlow	ATTENDING PHYSICIAN		8/30/85
Z I	22d. PHYSICIAN'S NAME /TYPE		220 ADDRESS		21200
MPORTANT	STANLEY STE	INBACH, M.D.	11 SLADE A	AVE. BALTO., MD	21208
IMPO	23a BURIAL, CREMATION, REMOVA	L 23b. DATE 23c. N	AME OF CEMETERY OR CREMATOR		
	BURIAL	9-1-85 54	PAREL ZION	ROSEDALA BA	OUNTY STATE MD
1 7/B4		LEVINSON & BROS.	, INC. 25a D	SEED TEN HOSEN 256 REGISTRAN	S SIGNATURE
()	1.171.16	TOWN RD. BALTO		1300 June in	widson-Mandell

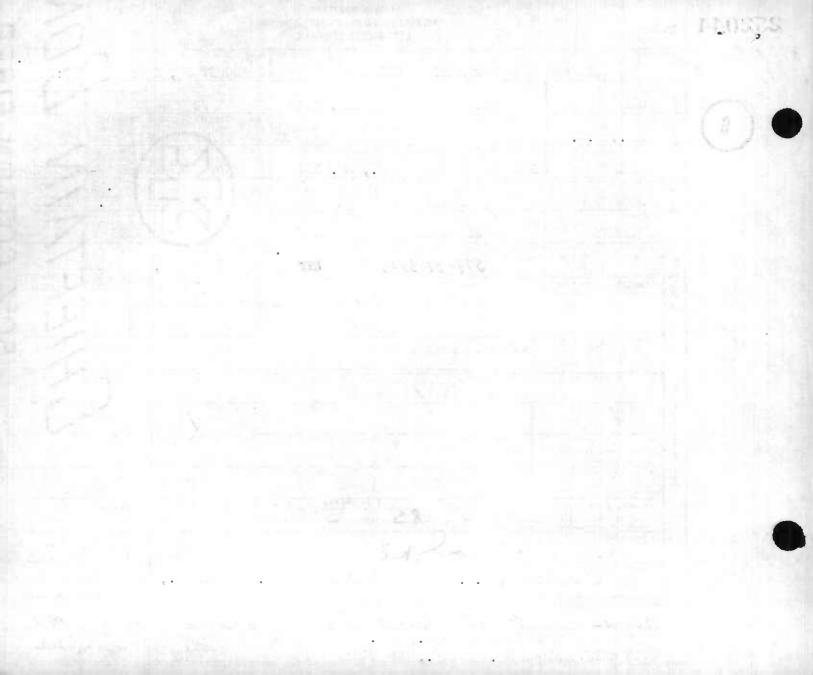
DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burral-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burral, cremation, or removal.

ATTENDING PHYSICIAN. The low



STATE OF MARYLAND 235160 DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIDST 7a. DATE OF DEATH MONTH (TYPE OR PRINT) 8-19-85 DORIS **EMMA** SERIO 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR FEMALE WHITE 25 11 30 10. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Baltimore City WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Agnes Hospita Operator SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130 STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore 2053 Harman Avenue Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST AN ADD DE MIDDLE William McKeldin Emma ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO 219-10-3477 Sharon Nabors 1722 Spence St. 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 190 DATE OF OPERATION 70b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES Hygie 71g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 0 71d. INJURY OCCURRED 71f LOCATION 71e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a 1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS d b

DHMH - 16 60M 7/84 (VRA 15, 4)

730 BURIAL, CREMATION, REMOVAL

Buria]

(SPECIFY)

24 FUNERAL DIRECTOR

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

23b. DATE

8/24/85

Meadowridge Mem. Elkridge Howard Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

17b. KIND OF BUSINESS OR

Schaefer

21230 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

COUNTY

22¢ DATE SIGNED

TELEPHONE Co.

INDUSTRY

St. Agnes Hospita

73d LOCATION

CITY OR TOWN

73c NAME OF CEMETERY OR CREMATORY

<del>2</del> 35133	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GENE 2 2 6	3 6
- 100 TOO	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
n 6	1. DECEASED NAME FIRST		LAST		AY YEAR 26 HOUR
oge deot		RYAN PAUL	SESNEY		5-85 10 PM
	MALE	CAUCASIAN	5 DATE OF BIRTH MONTH DAY YEAR 9 14 1973	11 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MD	76 CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	BALTIMORE CITY OR COUNTY	
5 1 11 40	BALT I MORE	NAME OF HOSPITAL, NURSI SAINT AGNES	NG HOME OR OTHER INSTITUTION  ADDRESS!  HOS PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  STUDENT	12b. KIND OF BUSINESS OR INDUSTRY school
AND 2120		OUNTY 13E. CITY OR TOV	YN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS 16 SENATE	DRIVE (21122
MARYL MARYL	FATHER'S NAME FIRST  THOMAS	E. SESN	15. MOTHER S MAIDEN N FIRST ROBIN	MIDDLE J.	DOWNEY
BALTIMORE, cote be executed by succon and reports. Pages you	160, WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YE	S. ARMED FORCES? S. GIVE WAR OR DATES)  NON			T. MD S HOSP,
trincate I	18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse parline for (a), (b), and AUSED BY DIATE CAUSE (a) CARDIQ	- RESPIRATORY	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  1-2 min .
PRESTON S he death cei he attending emove carbo emotion, or re	Conditions, if any, whice gove rise to immedial cause (a), stating the	DUE TO PERAS A CONSEOU	ENCEPHALOPA		6 days
201 W. red by the please red b	underlying cause las	CNS	INSULT - PRESUN		6 days
	PART 2 OTHER SIGNIFICA			MINAL DISEASE OR CONDITION GIV	EN IN PART I (a)
AL RECORDS, he low requir on. hos been sig r permit. Then ene prior to b	ACUTE  IM DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN		OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? 5 NO N
4 OF VITA SICIAN: The Sician physicic certificate rial-transit ental Hygie frem 18 shg	OR CONTRIBUTING CAUSE	DEDEATH HOUR A.M. MONTH	PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P)	IRT 1 OR PART 2)
DIVISION OF VITAL  NG PHYSICIAN: The ortending physician start this certificate in the ord mental Hygier th and mental Hygier for orked or tem 18 shape or tem 18 shape or the order tem 18 shape or the	THE STITLE OF TH	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN otal ar 10R Att	220.1 certify that X11 (this	nospital) attended the deceased from e on 3-15	8-10 , 19 8. 75 , and that in (n) (aur) apinion		ond from the couses stated
OR AT DIRECT Toched f Dept. of filem	226 SIGNATURE	e Z. Dec mD	DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED 8-15-8 %
O HOSPITAL Cetained by the Process of the State Community of the Sta	224 PHYSICIAN'S NAME (	YPE OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN	V - 1 - 1 - 1 - 1 - 1
TO HOSI	JANICE	L. DEC MD.		TON AVE-BALTO.	,MD 21229
	23a. BURIAL, CREMATION, REMO	1	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR	Mountain	Carmel Methodis: Tick Neck Rds 250 DA	t Pasadena, Anne ATE REC'D, BY REGISTRAR 256, REGISTR	RAR'S SIGNATURE
(VR A 15 (4))	McCully Funer	al Home / Pasadena		6 2 1 1985 Jahre	ideon-Randese

The William

DILTINORE SAINT AGRES MOSPITAL

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ACC S. COTON AVE-SALTO., MD 21229

SALTINODE CITY

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0 - 11	1. DE	REGISTRAR  CEASED NAME FIRST ORPRINT)	WIDDLE	CERTIFICATE O	OF DEATH	REG. N 2a DATE OF DEATH	MONTH DAY YEAR	26 HOUR
A TOP		LILL		SEWELL			27, 1985	03:394PI
Steer Park	3. SE	ř.	A RACE BLACK	5. DATE OF BIRTH	23	6 AGE (IN YEARS LAST BI	PRINDER I YE MONTHS DATE	
3	70 B	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUR	MARRIED   NEV	DIVORCED	BALTIMOR	OR COUNTY OF DEATH	MD.
ā \$ 33		BALTIMORE	THE JOHNS	HOPKINS HOS	PITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)		O OF BUSINESS OR RY
thin at bean bely filled in b	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE  NTY  13  SITY OF	YES Y	NO [	13 STREET ADDRESS	ZIP CODE Z	13050
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BALTIMORE, cate be executed to opers. Pages wal.		VAS DECEASED EVER IN U.S. AR YES, NO ORUMNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL	SECURITY NO. 12 INFOI	ULINE	RICHARD	5 922n.	Kenwood
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W. PRESTON ST of the death cert of the attending se remove carbor cremation, or ret		Conditions, if any, which gave rise to immediate cause to, stating the		CARDIA	SE	-PSIS	3	weeks
201 W.	1	underlying cause last  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CON		TED TO THE TERM	AINIAL DISEASE OF CON	IDITION CIVEN IN BART	
cen sign	ATION	DILA	TED CAI	ROIO MYO,	PATHY	ACUTE V200 AUTOPSY?	RENAL 1206. IF YES, WERE FIN	FALLURE
TAL REC	CERTIFICATION			State of		YES NO X	IN CERTIFYING CAUS	SES OF DEATH?
NOFVIII) ng physic certificate mial-trans ental Hyg hem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR		RED (ENTER NATURE OF INJ.	URY IN ITEM 18 PART I OR PART.	1)
DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN: The law requires th cattending physician.  After this certificate has been signed it as the burdiarransist permit. Then plea than and Mental Hygiene prior to burial orked ar them 18 shows any injury, are accepted.	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY, C	OFFICE, FARM, ETC.)	ATION	CITY OR TO	OWN COUNTY	STATE
TTENDIN pital or TOR Affar use of Health	K	22x I certify that (In this hosping to the deceased of the an above This world of the an	toll a lended the deceased 1-USV 2-6 the body after death.	from HOCO ST	my) our) opinion	death accurred on the a	late and hour and from t	the couses stated
At OR A the hos AL DIRECTION THE DEPT.  T: If them		27h SIGNERHIE TOUR	leurts	DEGREE	ATTENDING PHYSICIAN [	MEDICAL STA	FF /	TE SIGNED
O HOSPITAL elained by 1 TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE OF BI	ENOFF	22e ADD	RESS	HOPKINS 1	40SP BAL	TO WWD 2/20
BP	23a	BURIAL, CREMATION, REMOVAL	8/31/85	BP LT	MOT A	23d LOCATION SUBSTITUTE  23d LOCATION	To Ma	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	UNERAL DIRECTOR	L HomE 130	RESYN Cantral	250. DA	UG 2 9 1985	256. REGISTRAR'S SIGN	Allander

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH 226044 REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH TYPE OR PRINTS EithA AGE (MITERSCRIT BRITION) 3. SEX 9 BALTIMORE 21TY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED DIVORCED NURSING HOME OR OTHER INSTITUTION OF BUSINESS OR UAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITU 13b. COUNTY 15 MOTHER'S MAIDEN NAME IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN I IF YES, GIVE WAR OR DATES! APPROXIMATE INTERVA 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and 10-PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF DUENCE OF desorber Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART & OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC ) NOT WHILE AT WORK 220 1 certify that (1) (this hospital) attended the deceased from. S and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated did not) view the body after death NATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME LIYPE OR PRINT) PORT/ d

DHMH - 16 60M 7/B4 (VRA 15, 4)

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250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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•	STATE OF THE STATE	70 B	PREIGN COUNTRY)		76 CIT	TIZEN OF WE	HAT COUNT	TRY?	8 MARRI WIDOW		VER MARRI	ED LA	altimore city Baltimor	-	OF DEATH	NA!
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201	N A A A		lying ca	use last.		(e)								404		
DS,	AANG		PART 2 OTHER S	IGNIFICANT CONOL	TIONS CONTRIBU	TING TO DEATH	BUT NOT RELAT	EO TO THE TERM	MINAL DISEAS	OR CONDITIO	N GIVEN IN PAI	RT I in				=
DIVISION OF VITAL RECORDS, 201 W.	CRETIFICATE SHOULD BE EXECUTED WITING THE WORD "FENDING" IN PENDING TO THE CHIEF MEDICAL EXAMINES SHOULD BE USED AS A BURIAL-TR. DEPARTMENT OF HEALTH AND MENT. I PROPI TO BURIAL.	N	100													
<u>a</u>	L. CARA	CERTIFICATION	19a DATE OF	F OPERATION		19b. CONDIT	TION FOR V	VHICH OPER	RATION W	AS PERFOR	MED?	Control of the Control			20 AUTOPSY?	-
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ISIO	PRA PRO TENT	MEDICAL	21d INJURY		0. 02,	71e PLACE C	OF INJURY	(AT HOME.		CATION			E 16	1-60		-
20	THIS CI WARDE PAGE 3	¥	WHILE AT WORK	NOT WHILE		STREET, FACT	TORY, FARM, ET	C.)	5	TREET		CII	Y OR TOWN	COUNT	TY STATE	E
	NER: THIS CERT ICATE, WRITING FORWARDED TOR: PAGE 3 ST THE STATE DEP AND, 21201 PR						- d			kesk						-
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	SHE SEE	1	SIGNATURE		and .	VAV	Dec 1	1111	W V LM	.D. <u>ASS</u>	LSCAIR	MEDICAL	EXAMINER	SIGNED.	0-14-02	-
	SECTION SECTIO		EXAMINER'S	NAME D	ennis	F. Sm	vth/ I	M.D.			111 Pe	enn St	, Balto	. Md	21201	
	TO MEDICAL EXAMINER: TO MEDICAL EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNKAL DIRECTOR: PAFER DEATH, WITH THE STAND, 2 BALTMORE, MARYLAND, 2	73a B		ATION, REMOV				AME OF CE						· / Pict.	21201	=
03.0	BP/280	(		rial	8/17			edar H				23d LOCA CITY OR TO Anne	Arunde	el Co.	MD	
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	DHMH - 17 (VR A15 ME (5))	1	Vm. C.	March I	F/H 1	101 E.	Nort	h Ave			AUG	- 60 - 60	85	Duridson		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEN

NTACHYGHNE CEPTIEIC ATE OF DEATH

		REGISTRAR				CERTIFICA	ALE OF DEA	In	REG. N	0.			
		CEASED NAME	FIRST	4 9 N	IDOLE	LAST	1		In DATE OF DEATH	mingen D	AY YEAR	26 HOUR	24
	TYPE	ORPRINT) POLICE		HI	11/105	56.	a (1)		8/3/	18 5	-	1/23	20
	2 (5)	, an		RACE	41153	5. DATE OF B	10711		AGE (MARS LAST M	107	I JNDER 1 YEAR	100	M
	3 SE)							YEAR	7.1	(HEAT)	UNDER I TEAR		AIN.
	M	ale		White		974/	15		11	YRS			
79	7a 811	RTHPLACE (STATE OR F	OREIGN .	L CITIZEN OF	VHAT COUNTRY?	8 ~	34	- 0	BALTIMORE CITY	R COUNTY	OF DEATH		
54		COUNTRY)				X	NEVER MAR		n 04'	0.	4 .		
4	Ma	ryland		U.S.A.	Octor and a surrent	WIDOWED	DIVOR		Baltimor				MD.
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1	Ra	ltimore		0.		ital			Printer			Paper	
in	PUSU A	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	SIVE RESIDENCE BEFORE	AGMISSION)				1-19	7.0	00 0 0	
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DHMH - 16 60M 7 (VRA 15, 4)

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CE REGISTRAR I. DECEASED NAME 20. DATE KNOWN X ] MONTH (TYPE OR PRINT) EST1 DEATH MATED Thomas W. Shaw, Jr. 8/ 10/10 85 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male July 23 1959 White 26 DEAD 10/ 19 85 A TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Baltimore, Md. USA Baltimore City, WIDOWED [ DIVORCED LITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Construction Baltimore University Hospital Shock Trauma Laborer 138 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Middle River 130x Dd 127 Riverthorn Rd 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Gladys borgetti Shaw. Sr. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO YES, NO, OR UNKNOWN) 217 80 5648 Thomas W. Shaw. Sr. Father Same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stab Wound to Abdomen IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ICATE, WRITING E FORWARDED TO IN-TOR: PAGE 3 SHOULD BE USEN TO TE PERATIMENT OF P YES X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR 8/ 10/19 85 subject stabbed during argument CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. Kingston Rd., between Sunny Thorne and South 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR. PAGE 4 SHOULD BE FORWARN TO FUNRAL DIRECTOR: PATER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 allev Thorne Rds., Essex, Balto, Col., Md. Autopsy X 22a I certify that I took charge of the remains described above, held on Inspection Inquiry ond in my opinion Hamicide X Accident Undetermined monner TITLE (SPECIFY) 8 /10/85 SIGNATURE. MEDICAL EXAMINER Gregory R. Kauffman, M.D. 111 Penn St. 234 NAME OF CEMETERY OR CREMATORY 23d TO CATION Gardens of Faith Cemetery Car Bartimore Co., COUNT. Burial 1250. DATE REC'D BY REGISTED TO RECEIVE AND THE AUG 12 985 TO RECEIVE AUG 12 985 TO RECE 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Old Eastern Ave Bruzdzinski Tunera Hore PA (VR A15 ME (5))

Lo Republication -

- inc

70. BIRTHPLACE (STATE OR FOREIGN

18. CITY OR TOWN OF DEATH

FIRST

(YES NO OR UNKNOWN) 55

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY.

espiratory

Conditions, if ony, which gove rise to immediate couse 101, stoting the

underlying couse last.

198 DATE OF OPERATION

21d. INJURY OCCURRED

AT WORK

22h SIGNATURE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE AT WORK

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

4 FATHER'S NAME

EXPE OR PRINTS

1 SEX

MYOU

FIRS!

4 RACE

A RESIDENCE (IF NUMBER I NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for tot, (b), and ic

TL.W.JT

IMMEDIATE CAUSE (0).

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on August a above, (I) (we) (did) (did not) view the body after death

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF 15 chemia

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

216. TIME OF INJURY

P.M.

21e PLACE OF INJURY

CITY OR TOWN

16b SOCIAL SECURITY NO.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGUNE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YES [

17 INFORMANT

211 LOCATION

22e ADDRESS

STREET

ATTENDING

YEAR

DIVORCED

NO X

13d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

5 DATE OF BIRTH

MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

cardio pul monau

Augui

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

5)	2	15	61	-
dim .	2	0		

26 HOUR

12b. KIND OF BUSINESS OR

JANIGAR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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week

NOF

STATE

3 weeks

20b. IF YES, WERE FINDINGS USED

COUNTY

YES T

IN CERTIFYING CAUSES OF DEATH?

21234

IF LINDER I YEAR

INDUSTRY

OM

MONTH

BALTIMORE CITY OR THE OF DEATH

MORS

REG NO

20 DATE OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

000

28n AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

NOX

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

STAFF

ITYPE OF WORK FOR MOST OF WORKING LIFE)

13e STREET ADDRESS / ZIP CODE

MIDDLE

ADDRESS

	why filled in by the fuggral director	2 settlet be filed within 72 hours of	11.11	
	of Level pile	Legan April	)	1 1 1 1 1 1
uned by the hospital or attending physician.	FUNERAL DIRECTOR After this certificate has been signed by the attending physician and the property of the trunch and the property of the prop	ould be detached for use as the burial-transit permit. Then please remove corban population is gain. Again a subject to the second of the seco	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.	

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DIVISION OF VITAL

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DHMH - 16 60M 7/84 (VRA 15, 4)

**IFICATION** 

CERT

MEDICAL

STATE LANC

22c DATE SIGNED

18 85

Joseph M Molina MD 600 N Walfe St Baltimore A	
BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY OF TOWN BURISHES PARKUCKS CEMETERY OR CREMATORY PARKY LLE BAY	To- MARYLA
EVANS CHAPELOF MEMORIES HARFORD ROAD 250 DATE RECD. BY REGISTRAR 250 REGISTRAR'S AND 250 DATE RECD. BY REGISTRAR'S REGISTRAR'S REGISTRAR'S ROAD AND 250 DATE RECD. BY REGISTRAR'S REGISTRAR'S REGISTRAR'S ROAD AND 250 DATE RECD. BY REGISTRAR'S REGISTRAR'S REGISTRAR'S ROAD AND 250 DATE RECD. BY REGISTRAR'S REGISTRAR'S REGISTRAR'S ROAD AND 250 DATE RECD. BY REGISTRAR'S	GNA HIRELAND

DEGREE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

death certificate

injury, or other troumotic event

signed by the attending

should be detached for use as the burial-transit permit. Then please remove carbanpa with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar remov

TO FUNERAL DIRECTOR: After this certificate has by

IMPORTANT: If Item 21 is marked or Item 18 shows any

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10		
	CEASED NAME	FIRST		WIDDLE		AST	20 (	DATE OF DEATH	MONTH	DAY YEAR	10. 11. D
		EDWARD			SHOCK	EY		AUGUS	г 28,	1985	10:1,8
3 SE	X		4 RACE		5. DATE C			GE IN YEARS LAST B	RTHDAY)	MONTHS DAY	
	MALE		CAUCAS	SIAN	DEC.	3,193		51	YRS		
	RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	NEVER MARRIE	D 7 B	ALTIMORE CITY	_		+ 10 2
	MARYLA		UNITED		WIDOWE			BALTI		CITY	MD.
III CI	DALTIMO		(IF NOT IN SU	CH FACILITY, GIVE STR	EET ADDRESS)	OR OTHER INSTITUTIO		USUAL OCCUPAT			OF BUSINESS OR
-				HNS HOPK		PITAL	m	ECHANICAL	ENGE	, NASI	A /GODDAR
MI	ARYLAND ARYLAND ATHER'S NAME	1.20	ARLWOEL	GIVE RESIDENCE BER 131 CITY OR TO SEVERNA	D	134 INSIDE CITY LIM YES NOTHER'S MAID	0 6	STREET ADDRESS		DE AY	21146
7 10	A A FIRST		MIDDLE	LAST	0	FIRST	ENNAME	MIDDLE		-	LAST
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	YES NO OR UNKNOW		MED FORCES? VE WAR OR DATES)	219-30		GEERGIA	M. Si	HOCKEY		ME AS	
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	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										
2	PART 2. OTHER	SIGNIFICANT	CONDITIONS	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO TH	ETERMINAL	DISEASE OR COM	ADITION G	IVEN IN PART	lio
CERTIFICATION	190 DATE OF O	DERATION	Tink CONI	NITION FOR WHI	CHOPERATIO	N WAS PERFORMED	1 2	On AUTOPSY?	201 15 4	ES, WERE FINI	DINIOS LIGER
FIC	190 DATE OF O	EKATION	170 CON	JITON FOR WHI	CHOPERATIO	WAS PERFORMED	4	V -	IN CERT	IFYING CAUS	ES OF DEATH?
ERT	21a ACCIDENT W	AS UNDERLYING	7 216 TIME	OF INJURY		21c. HOW INJURY C	Y	ES NO		YES [	NO 🗆
	OR CONTRIBUTING	CAUSE OF DE	HOUR A	M.M. MONTH		The root made of	CCORRED	(ENIER NATURE OF IN)	JRT IN HEM TE	PARTIORPARTA	
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		at (I) (this hospi	tol) ottended t	he deceased from	8/2	10	85	10 8/29		1085	_ that (1) (we) last
10	saw the de	eceased alive an	8/2	4 19		d that in (my) (aur) a	pinion death	accurred on the a	late and he	our and from t	
	20 SIGNATION	we) (did) (did no	t view the bod	y after death.		DEGREE	100				TE SIGNED
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	BURIAL, CREMAT	ION, REMOVAL	23h DAIE	23	NAME OF C	EMETERY OR CREMA		3d. LOCATION			
(	Bur	21192	Aug :	31.1985 1	CRRAIN	FARK CEM	ETERN	BALTIMO	or.	BALTIM	ORF MD
24 FU	JNERAL DIRECTO		11-12-6	-				D. BY REGISTRAL			

DHMH - 16 60M 7/84

BARRANCO FUNERAL HOME

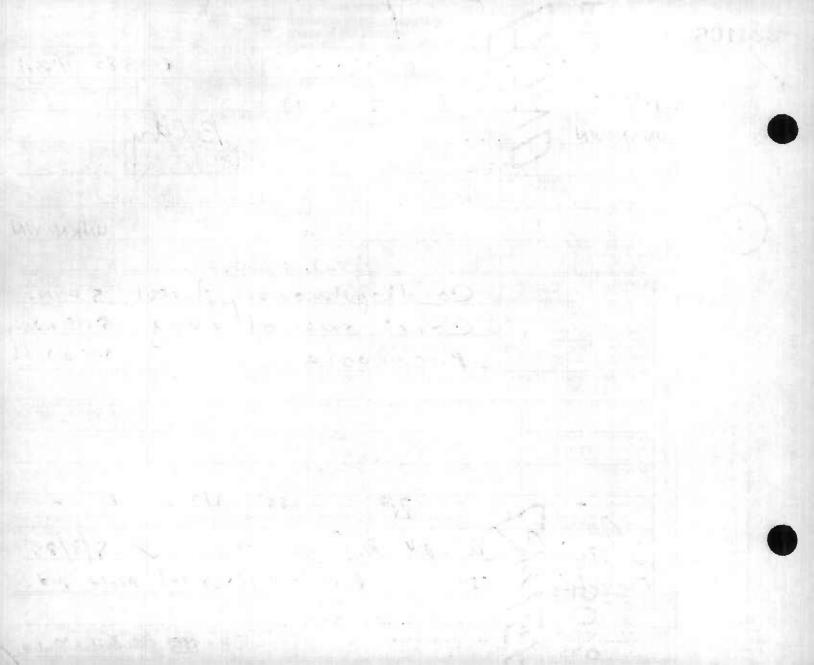
(VRA 15, 4)

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و مو مو	3. SE:		4. RAC°		5. DATE C		6 AGE	(IN YEARS LAST BIRTH	HDAY]	IF UNDER I YEAR	IF UNDER 24 HRS			
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1 2 3 E X	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI JCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	12a USU	IAL OCCUPATION	WORKING LIFE	12b. KIND C 1 INDUSTRY	F BUSINESS OR			
oy the	BA	LTIMORE		DENT HOSP				DITIONE		ARMO	0			
212 sour		AL RESIDENCE (IF NURSING							V	-	71711			
9 4 7 PP		RYLAND 136	COUNTY	BALTIMO		134. INSIDE CITY LIMIT	5?   3e.SIRE	O CARLIS	ZIP CODE	TENHE -	-1416			
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A CONTRACTOR		JAMES	MIDDLE	SHOFFN	ED.	MAHALIA		MIDDLE		145	KNOWA			
X 1 10 12	14 1		is abuse concess				100	ADDRES	c	UN	KNOWN			
dico a dico		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES	16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRES	3					
IMO medi		YES				EMMA I. SI	HOFFNER	. 4001 I	DORCHE	ESTER R				
sAL ore ore or.		18 CAUSE OF DEATH (E	nter only one cause pe	er line for (o), (b), o	nd jeij	- )		Λ	- 1		MATE INTERVAL ONSET AND DEATH			
T., E		PART I. DEATH WAS	CAUSED BY: AEDIATE CAUSE (o)	Car	dio	00 4001	Nary	TO	P8-+	5	WIN.			
N S S S S S S S S S S S S S S S S S S S	E 1	11.0		OR AS A SOMETON	IENCE OF	V	. /	,						
Or tend		Conditions, if any, wh		OR AS A CONSEQU		10 ma	at	LUN	a	60 M	10 WONA			
PR de		gove rise to immedi	ote )											
W. the series of the creek	-	couse (a), stating underlying couse h		OR AS A CONSEQU		120/10			)	DAGE	MONT			
or of the			(c)_		UM									
sign sign obu	z	PART 2. OTHER SIGNIFIC	ANT CONDITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DIS	EASE OR COND	ITION GIVE	N IN PARL III	3,			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the deoth certificate execution in 24 hours redending physicion.  Where this certificate has been signed by the ottending physician and confident illed in by os the buriol-transit permit. Then please remove corbangope for confident include be fill than Amental Hygiene prior to buriol, cremation, or removal.  Or shows any injury, or other traumatic event, the medical examine mount be an orked or Item 18 shows any injury, or other traumatic event, the medical examine mount be an orked or Item.	CERTIFICATION		100 6000	DITION CORNALIC	LORERATIO	NAME OF DEPT OF A SECOND	120	LITOREY?	201 IF VEC	WEDE EINIDIR	105.4555			
low low	Ž.	198 DATE OF OPERATION	196 CONI	DITION FOR WHICH	HOPERATIO	N WAS PERFORMED	20a. A	UTOPSY?		WERE FINDING CAUSES				
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VITA No. 11 Nysica conte consult Hygist 18 sh	8	210. ACCIDENT WAS UNDERLY	110110	OF INJURY	AY YEAR	21c. HOW INJURY OC	CURRED (ENT	R NATURE OF INJURY	IN ITEM TO PA	RT   OR PART 2}				
Sicia Sertification of the serial of the ser	¥	OR CONTRIBUTING CAUS	COLDENIN	P.M.	19									
A HYS	MEDICAL	21d. INJURY OCCURRED		E OF INJURY		211 LOCATION		CITY OR TOW	76.1	COUNTY	STATE			
VISI ond sed	Σ	WHILE NOT WHILE	[AT HOME, S	STREET, FACTORY, OFFICE,	FARM, ETC.)	21KEE1		CITTORTON		COUNT	SIAIL			
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P O O S I I I I I I I I I I I I I I I I I		sow the deceased o	live on \$ 13	19	85	nd that in (my) (our) op	inion death acc	urred on the do	e and hour		, , ,			
A PATI		above (fi (we) (did)	(did not) view the bod	ly after death		DEGREE								
OR A DIRECTOR A TENT		1/1/2 ,	04	1.101	N M	ATTENDIN	NG _ MEDIC	AL _ STAF	- /	22c. DATE	2/5			
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HOSPITAL hed by the FUNERAL old be det the State	18	THE WHYSICIAN'S NAME	CONTRACTOR CONTRACTOR	1		220 ADDRESS	, 11	. ,	1		1			
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5 5 5 4 3 8		BURIAL, CREMATION, REA	OVAL 236 DATE	23c.	NAME OF C	EMETERY OR CREMATO	ORY 23d L	OCATION						
BP		BURIAL	8-7-1	1985	+ Int	es Cemeter	17	CITY OR TOWN		COUNTY	STATE			
	24 F	PARTIER & SC						BY REGISTRAR						
DHMH - 16 50M 4/83 (VRA 15, 4)		2501 GWYNNS					AUG	8	400	Leydron	~ Rando DO			



injury, or other troumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

225059

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TDAD	CERTIFICATE OF DEATH

2254

1985 John Handers Pander

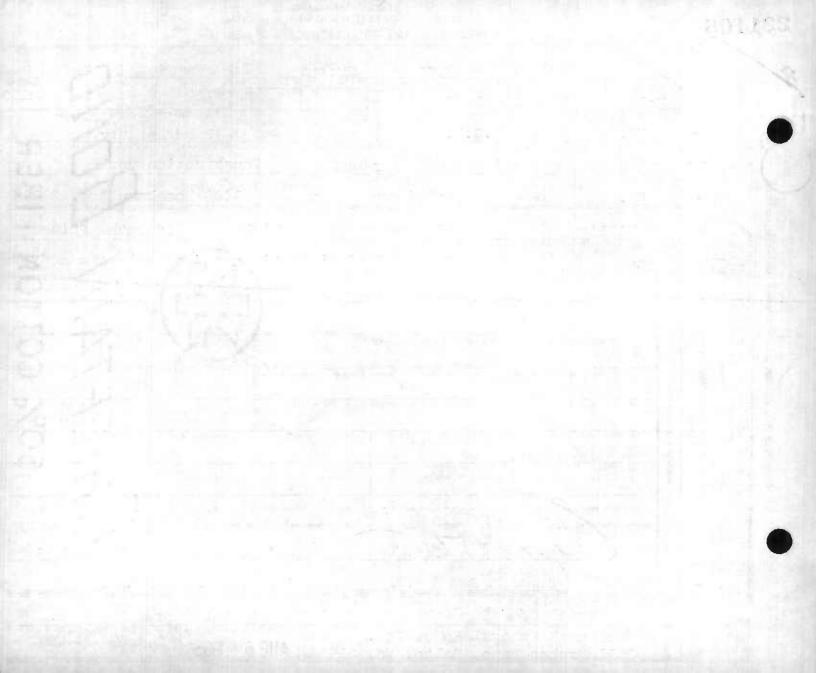
	1.	FOR STATE REGISTRAR	IENES 2 2	5 4 6								
7		EASED NAME FIRST		MIDDLE	· ·	ASI	20 DATE OF DEATH MONTH DAY YEAR 26 HO					
4	(TYPE	EDNA	MAY		SIF	FRIN	\$16	07 1985 3:38 4 11				
	3 SE>		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS				
	-	EMALE	WHITE		MONTH	15 04 YEAR	81 YR					
L	Ja Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH				
1	Ma	ryland	U.S.A.		WIDOWE		Baltimore Cit	Y MD.				
8	1	it or town of death	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET / Agnes Hos	ADDRESS)	DR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Homemaker	G LIFE) 126 KIND OF BUSINESS OR INDUSTRY				
う	13a. S Ma	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION.		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 3300 Benson AV	21229 enue Apt. 306				
1	0	THER'S NAME FIRST	MIDDLE W	Johnso	วท	15. MOTHER'S MAIDEN NAM	Estel	Lehnert				
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRESS					
	NC		E WAR OR DATES)	rsupp 900 Vande	erwood Road 21228							
15		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
	z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT (	GIVEN IN PART 110									
1	CERTIFICATION	190 DATE OF OPERATION	VIGI-M	OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{NO} \)					
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART ( OR PART 2)				
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	IJURY OCCURRED 21e PLACE C			211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
		220.1 certify that (1) (this haspital) attended the deceased from 18 JUNE 19 85 to 27 AUGUST 19 85 that [1) (we) last sow the deceased alive on 0 G AUGUST 19 85, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.										
		226. SIGNATURE OSCU	221. DATE SIGNED 07-AUG. 1985									
		OSCAR C. MENDEZ, M.D. 220 ADDRESS HOSPITM (BALTIMORE IMD)										
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	a COUNTY USE				
		BURIAL	AUG. 1	0 1985 Lo	rrain	e Park Cemeter	ry Woodlawn, Ba	altimore Maryland				
-		INERAL DIRECTOR					E REC'D. BY REGISTRAR 256. REG					
	HIIF	BEARD FUNERAL H	OME, INC.	4107 W		S AVENUE AL	16 9 1985 June	exauten But a				

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reput.	1100		REGISTRAR		MED	DICAL EXAMIN	IER'S	ERTIFICAT	E OF DEAT	H RI	G. NO.					
	/		CEASED NAME	FIRST		WIDDLE		LAST	20	DATE KNOW	VN X MON	TH DAY	YEAR	b HOUR		
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	TO YOU	_	Iale	White	12-31-		RS.			BALTIMORE	}		85	M		
-	SIES EES		REIGN COUNTRY)	,			MARR	ED NEVER M	AARRIED A		_		AIH			
	IS NECESSARY, PEASE E FUNERAL DIRECTOR ES FOR YOUR HIES ED, WITHIN 72 HOURS I W PRESTON STREIT,		Md.		U.S.		WIDOW		ORCED .	Baltir	nore Ci	ty,		MD.		
0	SER BEST 11	10 C	TY OR TOWN OF	DEATH		PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a USUA FOR MO	L OCCUPATIO	N (TYPE OF WO	OR IN	OF BUS	INESS		
1	2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED. AL RECORDS, 201 W		Baltimor	9	Union M	Memorial Ho	spita	1	Cons	tructi	on wo	rk -	-			
- 1	Y DEL		L RESIDENCE (# )	N NURSING HOME OR	OTHER INSTITUTION, GIVE	TISC. CITY OR TOWN	ION)	Trad. Inside city Lim	ires les expes	Y ADDDESS		1-4				
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0	- 0 × 0 C	16a \	VAS DECEASED E		ED EODCES?	166 SOCIAL SECURIT	YNO	17. INFORMANT			DRESS	.11 [1	Price			
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¥	SA		no				1040	VIOIA	Simmon	s (mot	ner)					
1 12			18 CAUSE OF D	EATH (Enter only H WAS CAUSED I	one cause per line f	for (o), (b), ond (c).)						BETWEE	OXIMATE II	NTERVAL		
PRESTON ST	24 HOUR ITEM 18. LONG W PERMIT. GENE, D			IMMEDIATE	CAUSE (a) Na	rcotism	72.6									
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2	F 号 A A A A			if any, which to immediate	) (b).											
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DS.	XECUTE IG" IN AL EX BURIAL AND A		PART 2 DINER SIGNI	ICANT CONDITIONS CD		UT NOT RELATED TO THE TERM	AINAL DISEASI	DR CONDITION GIVEN	N IN PART 1 of							
RECORDS.	D BE E	Z		200												
	HIS CERTIFICATE SHOULD BE WRITING THE WORD "PEN ARABDE TO THE CHIEF MA AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEAD STOOL PRIOR TO BURIAL, CI	CERTIFICATION	19a DATE OF OF	PERATION	196 CONDITI	ION FOR WHICH OPER	RATIONW	AS PERFORMED?	>	10.0		20. AU	20 AUTOPSY?			
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DIVISION OF VITAL	DE 33 SE	ME	WHILE D	OT WHILE		DRY, FARM, ETC.)		TREET		CITY OR TOWN		COUNTY		STATE		
a	E, WRIT EWARDI PAGE STATED		WHILE AT WORK	TWORK												
	FORE PARENTE STATES	19		12	of the remains desc	ribed above, held an	Autop	sy X Insp	ection .	Inquiry .	ond in my	opinion				
	NO SET A		death resulted	None   Natural	causes X	Acerdent . Si	icide	. Hamicide	Undeter	mined manner						
	ARY ARY		/	111		9		TITLE (SPECIF								
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	WE WE CAN		EXAMINER'S NA	ME Thor	mas D. Sm	ith, M.D.		ADDRESS 11	ll Penn	St. F	alto.M	ID.				
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, A SHOULD BE FORW. TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STYLENDE, AMENTAND, 23	73a P	URIAL, CREMATIC			23c, NAME OF CE					MI CO .I'					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2 REG.

NO.	4	9		
X	MONTH	DAY	YEAR	2b

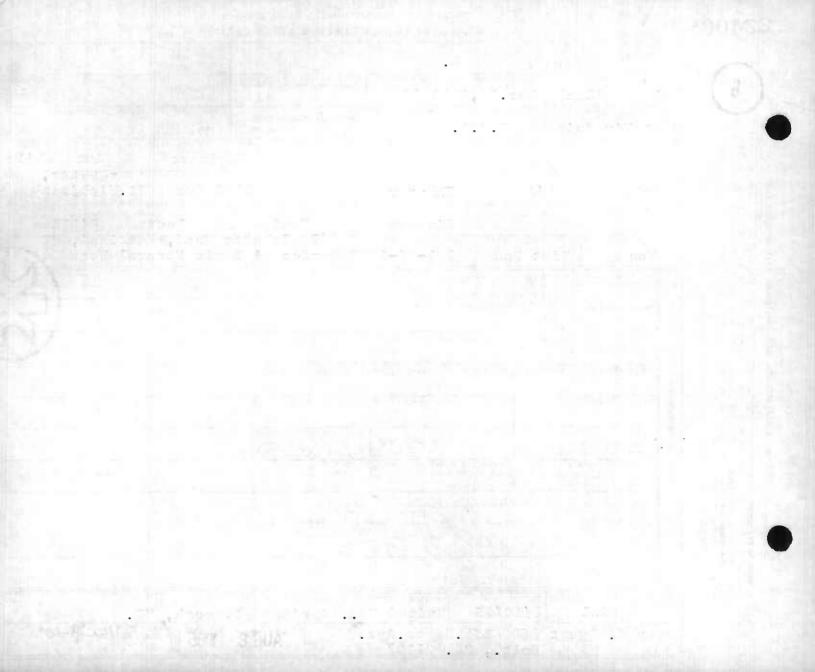
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Neis AND	14. FA	THER'S NAM								ER'S MAID	ENNAME					
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URS AFTER DE 8. GIVE PA-ES WITH FOR IT PAGES 1 DIVISION SE		INO				214-	86-57	/1	LLIZ	abeth	Sim	ms 102	B N. I	Payso	on St.	
W. W.	1		F DEATH (Enter or		use per line !	for (o), (b)	ond (c).)								APPROXIMA	E INTERVAL
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A VERTICAL STATES		ACTUAL		(	PY	1/				PECIFY)						
AHOAE"	1	SIGNATURE				V		N	Assi	stant	MED.	ICAL EXAMIN	ER	SIGNE	8/20/	85
SEA SEA					0	/										3-74
A SHEET HE		EXAMINER'S (TYPE OR PRI	NAME GY	egor	y R. F	(auffi	man, M	.D.	ADDRESS_	1.1	ll P∈	nn St.	Bal.	to.M	D.	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, ACRE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SI BALTMORE, MARYLAND,	73a Bi		TION, REMOVAL				AME OF CE			OPV	1234 17	CATION				
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DHMH - 17		NERAL DIREC			ADDRESS					ZSa. DATE	REC'D. BY	REGISTRAR	756 REGIS			00
(VR A15 ME (5))	Wm	. C. M	arch F/H	110	11 E.	North	Ave.		CAN CO	AL	162	3 1985	9990	Dona	son-Arrold	Miller.

STATE OF MARYLAND

Mary Francisco

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH TYPE OR PRINT OF ESTI-L. Wilbert. 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDE 2d HOUR DATE RONOUNCED 9:30 Dec.29,1939 Male Black. DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. West Virginia Baltimore City. DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Automobile Engineer Baltimore Sinai Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Inkster, Inkster 13d. INSIDE CITY LIMITS? Michigan 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Roy Simpson Mamie Louis M 6FD CMANINKSter Road QDRWsestland, MI 166. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes NO, OR UNKNOWN) Viet 383-36-1287 Murdock & Lewis Funeral Home 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab wound of chest DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 38 PART 1 OR PART 21 HOUR MONTH DAY UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH 8:20 .M. Subject stabbed 21e PLACE OF INJURY (AT HOME 211 LOCATION SIREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK STATE street 3800 Blk. Norfolk Ave, Balto . MD. X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Hamicide X death resulted fram Undetermined manner Natural causes TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARY TITLE (SPECIFY) ACTUAL SIGNATURE MOACTING ChickEDICAL EXAMINER 8/3/85 EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial 8/10/85 United Mem. Gardens Plymouth, MI. Leroy 0. Dyett 4600 J.i.b. Hghts. Ave. DHMH 17 VR A15 ME (51) Balt., Md. 21207

STATE OF MARYLAND



3. SEX		RINDE	R		SINGH		8/23/85		YEAR 26 HOU	
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_		1	RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR IF UNDER	24 HRS
	nale		caucasi	lan	June		5 30 <del>28</del>	YRS	N.S DATS MOOKS	Wille.
	RTHPLACE (STATE OF FORE	ion 76	CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	lia	1	India		WIDOWE		BALTIMOR	E CITY		M
10 CI	TY OR TOWN OF DEATH					OR OTHER INSTITUTION				SS OR
		THR	JOHNS	HOPKIN	S HOSPI	TAL	housewife			
USUA 130. S	AL RESIDENCE (IF NURSING	OME OR O	THER INSTITUTION.			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	4999	19
		airf	ax	Spring	field	YES NO	8101 St. D.		22153	
14 FA	THER'S NAME	M	DDLE	LAST		15 MOTHER'S MAIDEN N.	AME		LAST	
						unknown			1611	
				16b SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE	Sprine	ofield V	2
no						Gurmail Sing	gh 8101 St.	David C	C.	**
	18 CAUSE OF DEATH	Enter only CAUSED	ane cause per	line far (a), (b	, and (c)	0	-		BETWEEN ONSET AND	DEATH
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TIFIC							YES NO	YES T		
CER			110110 1		DAY VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
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VED!	214 INJURY OCCURRED	)	21e PLACE	OF INJURY	CE FARM FIC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY 5	TATE
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	saw the deceased ( abave, (I) (we) (did)	alive an_ (did nat)			,, 01		death accurred an the do	ate and haur an	d fram the causes sto	ated
	226 SIGNATURE	& H					AAEDICAL STAL	c	221 DATE SIGNED	1
4	40	7/00	arlu	2		PHYSICIAN	DIRECTOR PHYSIC	MAI	8/23/6	5
	22d PHYSICIAN'S NAMI	-	212V E			22e ADDRESS				
	() (		Warmer / Y /	/		1 14 4				6.0
	URIAL, CREMATION, REA		23b. DATE			EMETERY OR CREMATORY	23d LOCATION			
	BAUSUA 130. S Vir 14 FA Da	BALTIMORE  USUAL RESIDENCE (IF NURSING 130. STATE  Virginia  14 FATHER'S NAME FIRST  Darshan Singh  160 WAS DECEASED EVER IN (YES NO OR UNKNOWN)  1 IR CAUSE OF DEATH IN PART I. DEATH WAS IM  Conditions, if any, we gave rise to immediate the couse in a stating underlying cause  PART 2 OTHER SIGNIF  210. ACCIDENT WAS UNDERS OR CONTRIBUTING CAUSE  211. ACCIDENT WAS UNDERS OR CONTRIBUTING CAUSE  211. ACCIDENT WAS UNDERS OR CONTRIBUTING CAUSE  211. ACCIDENT WAS UNDERS OR CONTRIBUTING CAUSE  WHILE NOT WHILE AT WORK  220. I certify the (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	BALTIMORE  USUAL RESIDENCE (IF NURSING COME OF 130. STATE  Virginia  Fairf.  14 FATHER'S NAME FIRST  Darshan Singh  160 WAS DECEASED EVER IN U.S. ARM (YES NOOR UNKNOWN)  18 CAUSE OF DEATH 'Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING (FEITHER NOTHER MADERLY ING) 210 INJURY OCCURRED  WHILE NOT WHILE AT WORK  220 I certify the (1) (this hospita saw the deceased alive an above, (I) (we) (did) (did nat)	BALTIMORE  USUAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION. 130. STATE  VIRGINIA  FATHER'S NAME FIRST  Darshan Singh  160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NOOR UNKNOWN)  18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE ID)  Conditions, if only, which gave rise to immediate cause Iol, stating the underlying cause Iost.  PART 2 OTHER SIGNIFICANT CONDITIONS CO  PART 2 OTHER SIGNIFICANT CONDITIONS CO  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  191 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OHOMAN AND CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  211 INJURY OCCURRED  WHILE NOT WHILE AT WORK  220 I certify tha (1) (this haspital) attended the saw the deceased alive an above. (1) I livel (did) (did not) view the body	BALTIMORE  THR JOHNS HOPKIN  USUAL RESIDENCE (IF NURSING TOME OR OTHER INSTITUTION, GIVE RESIDENCE BE 130. STATE  130. STATE  Virginia  Fairfax  Spring:  MIDDLE  FIRST  Darshan Singh  160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)  (IF YES GIVE WAR OR DATES)  100  18 CAUSE OF DEATH 'Enter only one cause per line for (a), (b)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS CONSE  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  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(YES NOOR UNKNOWN)  (IF YES GIVE WAR OR DATES)  TOWN OR UNKNOWN)  (IF YES GIVE WAR OR DATES)  TOWN OR UNKNOWN)  INMEDIATE CAUSE (a)  DUE TO, OR AS CONSEQUENCE OF COUNTY OF COUNT	BALTIMORE  THE JOHNS HOPKINS HOSPITAL  USUAL RESIDENCE (IF NURSING, DOME OR OTHER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)  130. STATE  USUAL RESIDENCE (IF NURSING, DOME OR OTHER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)  131. CITY OR TOWN  132. CITY OR TOWN  134. FATHER'S NAME  FIRST  MIDDLE  MIDDLE  MIDDLE  LAST  UNKNOWN  15. MOTHER'S MAIDEN N.  FIRST  UNKNOWN  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES NOOR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES NOOR UNKNOWN)  18. CAUSE OF DEATH LENter only one couse per line for (a), (b), and (c)  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS CONSEQUENCE OF  CONDITIONS, (if yes)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER.  196. DATE OF OPERATION  196. 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CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION  STREET  AT HEAD ON THE CONTRIBUTION  DEGREE  ATTENDING	BALTIMORE  THR JOHNS HOPKINS HOSPITAL  USUAL RESIDENCE IN MURSING JOME OF OTHER INSTITUTION  BALTIMORE  USUAL RESIDENCE IN MURSING JOME OF OTHER INSTITUTION, GIVE RESORNER REFORE ADDRESS)  136. STATE  137. STATE  138. STATE  139. STATE  130. STATE  130. STATE  130. STATE  131. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  131. INSIDE CITY LIMITS?  132. STATE  133. STATE ADDRESS  133. STATE ADDRESS  134. FAITHER'S NAME  135. MOTHER'S MAIDEN NAME  136. MOTHER'S MAIDEN NAME  136. MOTHER'S MAIDEN NAME  137. MOTHER'S MAIDEN NAME  138. STATE ADDRESS  139. STATE ADDRESS  139. STATE ADDRESS  130. STA	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   120 USUAL OCCUPATION (THE OF WORKING LIEE)   13. STATE OF WORKING LIEE)   14. NAME OF HOSPITAL   15. MORE OR MOST OF WORKING LIEE)   15. STATE OF WORKING LIEE)   15. MOST OF WORKING LIEE)   15. STREET ADDRESS / ZIP CODE   15. 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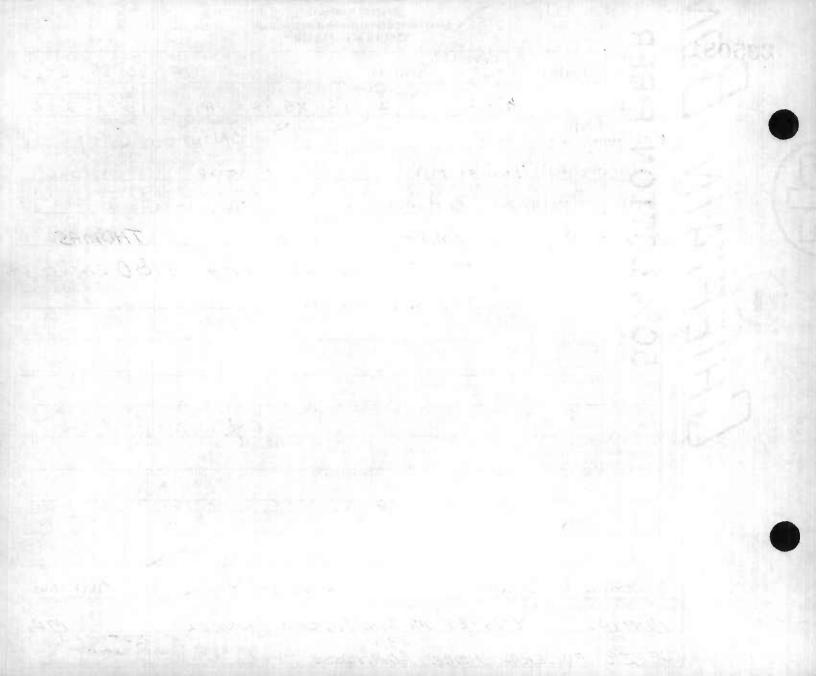
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 233137 MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME YEAR 7b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED WILLIAM SMATILWOOD 14 1985 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS I IF UNDER 1 YR. IE LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED DEAD 19 85 TO BIRTHPLACE (STATE OR & BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS BUSINESS Baltimore Johns Hopkins Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 18. GIVE PAGES 1, 2, AND WITH FORM PM 3. RETAIN IT. PAGES 1 AND 2 SHOULD DIVISION OF WAR RECORD 13a. STAT 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS CITY OR TOWN YES NO alto 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES IAL SOCIAL SECURITY NO TYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATES Ulas. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple injuries complicating alcohol withdrawal MMEDIATE CAUSE IN DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 16 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES [ NOX DEPARTMENT 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL 8:50xxx 8-14- 19 85 CONTRIBUTING CAUSE OF DEATH Subject precipitated from window. 21e PLACE OF INJURY 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNRAL DIRECTOR, PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STATE WHILE NOT WHILE AT WORK AT WORK building Johns Hopkins Hosp., Balto. City MD 22a. I certify that I took charge of the remains described above, held an Inquiry death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 8-15-85 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) ADDRESS 23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF 07/B4 BP 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A1S ME (5))

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he lo on. hos ene p	IF					YES NO	IN CERTIFYING CAUSE	ES OF DEATH?
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OR or house borner or her		22b. SIGNATURE			DEGREE	MEDICAL STAFF		TE SIGNED
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O HOSPITA eformed by TO FUNERA should be de with the Stat		Donna L.	Snyder			n Greene	St. Da	ilt, Md.
	230	BURIAL, CREMATION, REMOVAL (SPECIFY)	00 1 0 0.0		EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY	STATE
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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR						REG					
	CEASED NAME	FIRST	1	MIDDLE		LAST	20. DATE OF DEATH	HINOM H	DAY	YEAR	2b. HOU	JR
(TTPE	OR PRINT)	Alber	E	E.	S	Smith SN.		8.	25	85	6.05	5
SE)	X		4 RACE	•		OF BIRTH	6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UND	DER TYFAR	IF UNDER	24 HF
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then pleass remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

etained by the haspital or ottending physician.

1005 Dundalk Avenue Walter G. Dabrowski

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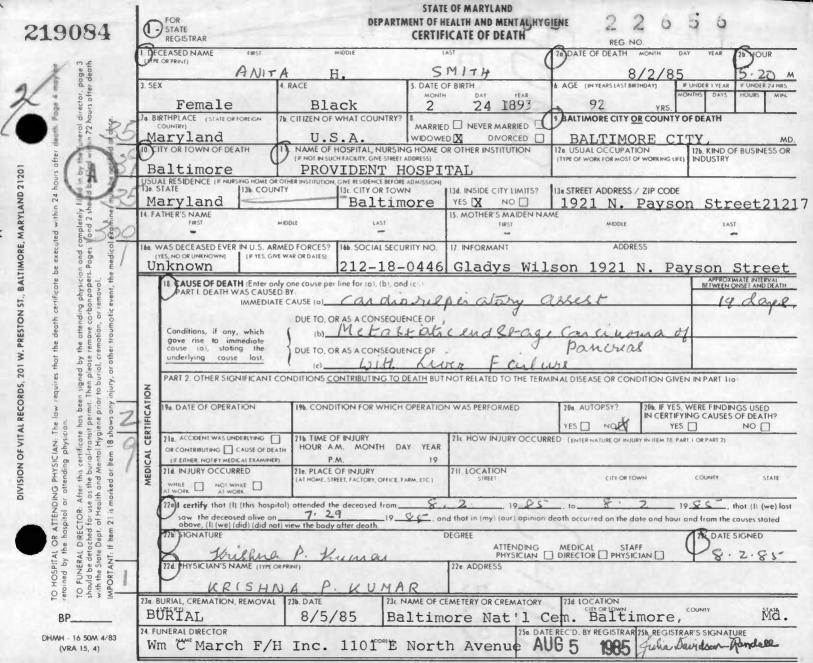
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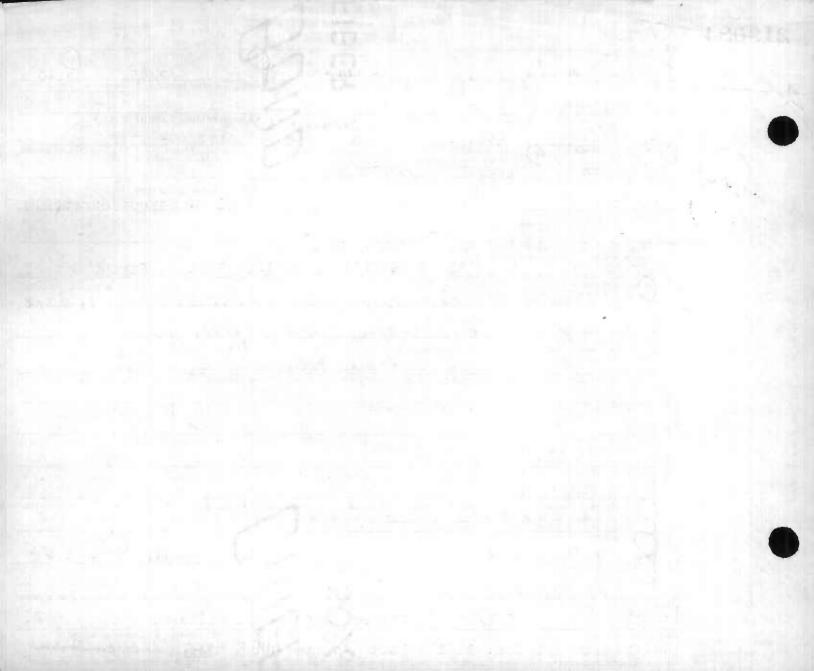
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

232037	1-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	1 14	
ed the State of th		OR PRINT)  BERTHA	K.	Į,	SMITH	AUG.7,1985	YEAR	9:40AM
3 SEX Female		Black	5. DATE O	eb. 28 1910	75 YRS		IF UNDER 24 HRS HOURS MIN.	
death. Per lineral di hin 72 ha	I	RTHPLACE (STATE OR FOREIGN OUNTRY)  Treinia  TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?  II S A  11. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED		9 BALTIMORE CITY OR COUNTY OF BALTIMORE CITY 120 USUAL OCCUPATION		MD.
1 33	LISTIA	BALTIMORE	JOHNS HOPKINS  OTHER INSTITUTION, GIVE RESIDENCE BEFORE		TAL	Housewife H		
3/3	130 S	laryland   13b COUN	Balti	V 1	YES X NO	13. STREET ADDRESS / ZIP CODE 1125 Patterson	Park	Ave.
mplets	-	Phillip	MIDDLE LAST Kell		15. MOTHER'S MAIDEN NAM	WIDDIE	Johr	21200 nson
on and c		VAS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN)   11F YES GIV NO	E WAR OR DATES)		96 Bertha	Armstrong		
g physicia an paper emaval.	0		oly one couse per line for (o), (b), one D BY:  TE CAUSE (o) RESOURATION	ory	FAILURE		APPROXIM BETWEEN O	A C P'S
atendin ave carb		Conditions, if any, which	DUE TO, OR AS A CONSTOUE	NCE OF	in meum	onia)	7	days
that the d by the lease remial, cremial, or ather t	2.1	couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	tt	Cerebro VAS	cular Disease		
requires	NOIL	Penforate	196 CONDITION FOR WHICH	Mas	A TOTAL CO.	7/14/85 + TON	IN PART 110	meer
The law cran.  The law sist permits greene pring greene prings shaws on	CERTIFICAT	7/14/85	Penfourted	U/ce		YES NO YES (	G CAUSES	
SICIAN ng physis certifical priod-transfer last life last last last last last last last last	MEDICAL CE	2] a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PARI 2)	
ing phy in attending of the bit thand M arked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE  AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	RM, ETC }	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDI Supplied of SCTOR. A defor use to of Heal		above. (1) well did (did no	tal) attended the deceased from			to 817 . 19. death accurred on the date and hour ar	nd from the c	
NT: If her			leen A6855			MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE !	85
retained by TO FUNERA should be de with the Stat			esher		22e ADDRESS			
BP	230 B	URIAL, CREMATION, REMOVAL SPECIFY)  Burial			enetery or crematory  ent Church	23d LOCATION CITY OF TOWN  Cem Palmyra, V	ounty /irgi:	nia 22963
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	INERAL DIRECTOR	A. Brone ADDRESS		25a. DATE	RECD. BY REGISTRAN 256 REGISTRAN 16.1.5 1985 Juliu De	R'S SIGNATU	JRE

THURSE. Service Allegan (s) -----the second are of the first of the second of the second of the second of 

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT) CATHERINE SMITH 985 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR FEMALE. CAUCASTAN 17 19 1918 66 Za. BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED MARYLAND U.S.A. BALTIMORE CITY WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE 416 S. KANE ST. 21224 Machine Oper Can Company USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) MARYLAND 2120 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND 416 S. Kane St. 21224 BALTIMORE NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MICHAEL MIDDLE FIRST MIDDLE PRZYWARA ANNA XXXX GOLKA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Smith. 216 S. Kane St. 21224 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF Schanne Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (p. CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 78a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL NO YES [ NO [ ntol Hygu 71a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 714 INJURY OCCURRED ò 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE orked NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from . that (I) (we) last , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on. above, (I) (we) (did) (did not) view the body after death 27% SIGNATURE DEGREE 22c DATE SIGNED old be detach 0 NDING MEDICAL FUNERAL MPORTANT: PHYSICIAN / DIRECTOR PHYSICIAN 174 PHYSICIAN'S NAME (TIPE ORPHINI) 27# ADDRESS Dr. Ira A. Morris 4419 Falls Road, Baltimore, Maryland with 0 73r. NAME OF CEMETERY OR CREMATORY 23e BURIAL CREMATION REMOVAL 73h DATE THE LOCATION Burial Garrison Forest Com. Owings Mills. Maryland BY MESSES IN REGISTRANT SHORTEN 74 FUNERAL DIRECTOR DHMH-16 60M 1/73 (VR A 15 (4)) George A. Weber & Sons Inc. 705 S. Ann St. 21231

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injury, or other troumotic event, the medica

IMPORTANT: If Item 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the builal-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

equires that the death certificate be executed within 24 hours after

OR ATTENDING PHYSICIAN, The low

TO HOSPITAL

retained by the haspital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

11	STATE	DEP	ARTMENT OF HEALTH AND MENT		) ) 7
1.	REGISTRAR		CERTIFICATE OF DEAT	H REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1111		Clara	Smi+h	August 10. 19	85 6415P M
3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 6		BLACK	MONTH DAY	05	MONTHS DAYS HOURS MIN.
1.0	EMALE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	1 12 16	9. BALTIMORE CITY OR COU	
1/0 0	COUNTRY)	76. CITIZEN OF WHAT COUR	MARRIED NEVER MARR	IED THE BALTIMORE CITY OR COU	NIT OF DEATH
1/	MARYLAND	U. S.A.	WIDOWED DIVORC		
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OF OTHER INSTITUT	ION 120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
	Baltimore	MARYLAN	ID GENERAL	HOUSEREE	PER HOME
	JAL RESIDENCE (# NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE		MITES AND STREET ADDRESS / 7th C	oor
1	11.	UNITY 134-CITY OF	TOWN 13d. INSIDE CITY LI		V.St 217.17
14. F	ATHER'S NAME	וקהטן	15 MOTHER'S MAI		
	TO SINCE QUE	MIDDLE LAS	HPAN CI FIRST	MIROLE AAAAA	A HACE
1	MUES TIL	ZAMY UCE	SECURITY NO. 17 INFORMANT	ADDRESS	CITAGE
	WAS DECEASED EVER IN U.S (YES, NO OR OF USER NOWN) (IF YES.	GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	A STATE OF THE STA	11 1 1 1 1 1 2
	140	219-0	1-2646 DRUCT	LLA IRAII; OC	1 DO LPHIN M.
		only one cause per line for (a), (	b), and (c).)		BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	IATE CAUSE (o) Sepsis			
	IN UNICO				
	Canditians, if any, which	DUE TO, OR AS A CON	ry Tract Infection		4 5000
	gave rise to immediate	(b) <u>011/1a1</u>	g Hack Intection		4 Days
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		9 1
		(c)			
2	Company of the St. Action			HE TERMINAL DISEASE OR CONDITION	GIVEN IN PART Ita
CERTIFICATION	Senile Demer		led Diabetes Mel		
N S	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORME		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
一員	The state of the s			YES NO NO	YES NO
1 8	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
¥	OR CONTRIBUTING CAUSE OF		1 DAY YEAR		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	ZII LOCATION		
M.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	AT WORK - AT WORK		7	05	0.5
	228 certify that (IX) this ho	spital) attended the deceased to	ram August b. XX	85 to August 10,	, that (X(we) last
		August 10,		apinian death occurred an the date and	
	22b. SIGNATURE	Land lel an	DEGREE		22c DATE SIGNED
1/2		Darum 100		IDING MEDICAL STAFF ICIAN DIRECTOR PHYSICIAN	8 10 185
	224 PHYSICIAN'S NAME (TY	E CAPRINT)	22e ADDRESS		
100	A STATE OF THE PARTY OF THE PAR	JYOTIN F	ARIKH c/o Mary	gland General Hospi	tal
73-	BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREM		
230.	(SPECE RIDIAL	8-15-1985	Mt. AUBILPA	CITY OF TOWN	O LEOUNTY IT STATE
1	MIDIAL	(10 0-1710	INTERNATION	1 DOLTING	C/- ()// Y

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21	Z
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEND
CERTIFICATE OF DEATH

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	1 -	STATE REGISTRAR			CERTIF	ICATE OF	DEATH		G. NO.		10.7
		CEASED NAME FIRST OR PRINT) CLAREN	JCE '	MIDDLE .		S <sub>M</sub> ]	TH	AUG. 11	, 1985	AY YEAR	2b HOUR 6:05A <sub>M</sub>
	3 SEX		4 RACE		S. DATE O			6 AGE (IN YEARS LA		FUNDER : YEAR	IF UNDER 24 HRS
	Ma	ale	Blad	ck	MONT	b 3°	98 <sup>R</sup>	86	YRS	ONIHS DATS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		D NEVER		9 BALTIMORE CIT	Y OR COUNTY		
1		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INS		120 USUAL OCCU	PATION	12b. KIND C	MD. OF BUSINESS OR
	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COU		13c. CITY OR TOW Baltimon	N	13d INSIDE (	CITY LIMITS?		ss / zip code Montfor	d Ave.	21213
)		George		ith LAST	18	Mat	ilda	MIDD	Bris	scoe	ST
		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	213-16-9		Lena		1711 N. Ma	ontford /	Avenue	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if any, which gove rise to immediate couse (a), storing the	DUE TO, C	CARDIAS RAS A CONSEQUE Me tast	NCE OF		te Car	ncer		APPROX BETWEEN MI	AMATE INTERVAL ONSET AND DEATH
	CERTIFICATION	underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	(c)CONDITIONS <u>C</u>	R AS A CONSEQUE	DEATH BUT			200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIF	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (15 EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED	R) P	M. MONTH DA	Y YEAR			RED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	(T I OR PART 2)	
	MEC	WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET		CITYC	DR TOWN	COUNTY	STATE
		22a I certify that (I) (this hasp saw the deceased alive an abave (I) (we) (did) (did no 22b. SIGNATURE				nd that in my	(aur) apinion (	, toA death occurred an th	ne date and haur		
		R. M. D	lu Boi	9		MU		MEDICAL DIRECTOR PH	STAFF YSICIAN IN	22c. DATE	11/85
17		RAYMOND	NI Du	Bois		Jo	hns /	Hopkins	Hos	Prital	1
	23a B	URIAL, CREMATION, REMOVAI	236 DATE 8/15/	'85 Ga		emetery or on Fore		OWINGS	Mill	COUNTY	MD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNA

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STATE OF MARYLAND

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2004	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYS CERTIFICATE OF DEATH	REG. NO	0.	***************************************
1. DE	CEASED NAME FRANCE	CES A	Smith		MONTH DAY YEAR	2b. HOUR
1.58		I. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE IN YEARS LAST BIR	HDAY) IF UNDER 1 YE	
200	HREHPLACE ISSUED EXPONESTE TO	DIACK  b CITIZEN OF WHAT COUNTRY?	4 25 1920	9 BALTIMORE CITY OF	YRS.	
	mn)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAHIR	nore Ci	ty
37	Ba Himore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET MEYEY	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION		OF BUSINES
	STATE ONE IN ALL OF COUNT	1 1 10 1	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS, /	ZIP CODE  ghtroast (	1/2/10
130	William A	R. TAulor	Sr. Mamie	ME MIDDLE	Du	LAST
	VAS DECEASED EVER IN U.S. ARM 185, NO OR UNKNOWN)	MED FORCES? 16b SOCIAL SECTION (MAR OR DATES)	3104 ann L. H	some 5300	.1 .1	st et
rbon dope	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (a)	o chranoma, metasta	the Unknown	h primary	
mil Their please remove corbon pop or or to hurst, cremotion, or removal any rejury, or other troumdite event, i	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE CONTRIBUTIONS CONTRIBUTING TO	ENCE OF	MINAL DISEASE OR CONE	20b. IF YES, WERE FIN	DINGS USED
it permit. Then please remove corbon coppiers prior to hundl, cremotion, or removal looks any injury, as other traumditic event, in the CATION.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENCE CONTRIBUTIONS CONTRIBUTING TO	ENCE OF  ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [	DINGS USED SES OF DEATH
of training permit. Then gleane amove collaboration into thygiene paratria burieti, cremotian, or removal region (8 years any newsy, or other trainmatic event.)	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE CAUSE TO, OR AS A CONSEQUENCE CONTRIBUTION TO THE CONTRIBUTION TO WHICH THE CONTRIBUTION TO WH	ENCE OF  ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  216 HOW INJURY OCCUR	206 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [	DINGS USED SES OF DEATH
is the buriel training perint. Then plans empore corbon dopp the and Merical trygere prior to buriel cremotion, or removal sides or them 18 stores any minny, as other troumditic event.  MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  The DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT	DUE TO, OR AS A CONSEQUENCE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE (c)  ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  1716 TIME OF INJURY HOUR A.M. MONTH D	ENCE OF  ENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  AY YEAR 19  211 LOCATION	206 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES YEN ITEM 18 PART LORPART	DINGS USED DES OF DEATH NO (1)
227 /	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.  11. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	DUE TO, OR AS A CONSEQUENCE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE (c)  DUE TO, OR AS A CONSEQUENCE (c)  ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  196 CONDITION FOR WHICH  198 CONDITION FOR WHICH  199 CONDITION	ENCE OF  ENCE OF  DEATH BUT NOT RELATED TO THE TERM  FOR OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET  210  ATTENDING  ATTENDING	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES  YES  YES  YES  YES  YES  YES  YES	DINGS USED SES OF DEATH NO  21  51
Mount be detected by use of the buriel to with the Stote Opps of Health and Merital MPORTANT. If them 21 is marked or the pro-	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  10. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  NOT WHILE OF CONTRIBUTION OF ALL WORK  220. I certify that (I) (this haspite saw the decased alive an above, (I) (we) (did) (did not)  22b. SIGNATURE	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICH  21b TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY 1AT HOME STREET, FACTORY, OFFICE,  all ottended the deceased furning  (c)	ENCE OF  ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  FARM, ETC.)  211. LOCATION STREET  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJUR  CITY OR TO  death accurred on the do	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES  YES  YES  YES  YES  YES  YES  YES	DINGS USED SES OF DEATH NO  21  . that (1) (withe causes state

DHMH - 16 60M 7/B4 (VRA 15, 4)

c. March F/H 1101 E. North Avenue

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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235114	1.	FOR - STATE REGISTRAR		DEPARTN		CATE OF D	MENTAL HYG DEATH	REG.	2 NO.	0 6 2	•
be sorth		CEASED NAME FIRST GILB	ert	Haslep	Smi	th.		20. DATE OF DEATH	MONTH 19,	1985	2h HOUR 9:50
ge 4 may ector, par rs ofter d	3. SE	* Male	4 RACE Whi	te	5. DATE O	F BIRTH	04	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
death. Por		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	U.S.+		WIDOWE		VORCED	9 BALTIMORE CITY Baltimo	_	ty	^
by the fulled with	1	Baltimore	Franci	HOSPITAL, NURSIN CHEACILITY, GIVE STREET SCOXX K	ey Me		enter		ATION IT OF WORKIN	GUEET INDUSTRY	ther
n 24 hou	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		Baltimon	N I	13d INSIDE C	NO 🗌	2000 Ode	UAN	enue Apt	707 212
omplets		Charles	MIDDLE	Smith		Am	s MAIDEN NA.	WE		Moore	SŦ
be execu		NAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (IF YES G	RMED FORCES?	213-05-4	RITY NO.	Agres		th 2000 Od	ell A		707 IMATE INTERVAL ONSET AND DEATH
uires that the death certific signed by the attending phen please remove corbanp to buriol, cremation, ar remo ury, or ather traumatic ever	Z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, C  DUE TO, C  DUE TO, C  (c)	OR AS A CONSEQUE	NCE OF	vary NOT RELATED	TO THE TERM	rtey Di	els e	- 15	year
he law req an. has been is thermit. The ene prior to aws any inj	CERTIFICATION	19a DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATION	I WAS PERFO	RMED	200 AUTOPSY?	20b IF	YES, WERE FINDING CAUSES	NGS USED OF DEATH?
PHYSICIAN: T tending physici this certificate he burial-transi and Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (15 EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	P 21e PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY OFFICE, F)	19	21f LOCATION STREET		RED LENTER NATURE OF IN		18 PART I OR PART 2)	STATE
SPITAL OR ATTENDING I by the hospital or ott. NERAL DIRECTORs: After be detached for use as th e State Dept of Health or TANT: if hem 21 is marker		220.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did in 22b. SIGNATUR	n	rafter death	, an	PEGREE	ATTENDING PHYSICIAN	, to death accurred an the DMEDICAL STURECTOR PHYS	AFF	haur and fram the	causes stated
TO HOSE retained TO FUN should b with the		BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL		-	AME OF CE	METERY OR O	REMATORY n. Godo	Fall 23d LOCATION GLEN BUILD	Rominet	Q -	STATE
DHMH - 16 60M 7/84		UNERAL DIRECTOR	2 500				25a. DAT	E REC'D. BY REGISTRA		ISTRAR'S SIGNAT	ÜRE

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15. 4)

BP.

DIVISION OF VITAL RECORDS,

8/27/85

230. BURIAL CREMATION, REMOVAL (SPECIF Cremation

Westview Cemetery

23c NAME OF CEMETERY OR CREMATORY

Balto.

Md. Balte.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE na elevidor Rondose

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. 1050 York Rd.

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1 rjin ( 75 35) <sup>8</sup> 24 u vere (. 272 /

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Greaters 8/27/15 estyle (clotery lelto, molto, 186.

and forson uneral lone, i.e. 1959 or me. All as a significant

34066	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND I	REG. NO.			
moy be r, poge 3 ter death		CEASED NAME FIRST OR PRINTI	Marie	SMITH			8 16 8:	5 1027 pm
ge 4 mo ector, po urs after 6	3. SE	FEMALE	BLACK	S. DATE OF BIRTH MONTH DAY	99	6 AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN
eom Po		RTHPLACE (STATE OR FOREIGN DUNTRY)  MARYLAND	L. S. A.	MARRIED WEVER	VORCED [	9 BALTIMORE CITY O		THE CITY, MD.
by the fur filed within		PALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE PALL MALL N			12ª USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 17b. KIN F WORKING LIFE) INDUS	ND OF BUSINESS OR
filled in beld be	13a S	ARYLAND 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130 CITY OR TO BALTIN	WN 134 INSIDE C	NO [		OLD SPRING	21215 6 LANE
2 2 3 3 3		Edwin	Prya	n Oph	s MAIDEN NA Telia	WIDDLE		? LAST
on ond comp		VAS DECEASED EVER IN U.S. AR res, no or unknown] (IF yes, Givi	MED FORCES? 166 SOCIAL SEC EWAR OR DATES) 212-36-			ck 2621 W	. Coldspr	
that the death certificate d by the attending physics ease remove carbon paper of, cremation, or removal or other traumotic event, th		PART I. DEATH WAS CAUSE	Illy ane cause per line far (a), (b), c D BY  [E CAUSE (a)]  DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)	LIAC At VENCE-OF 1 (L) LACUA	rast	nfarcho		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ow requires been signer rmit Then pl prior to buri ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING TO	mais		200 AUTOPSY?	DITION GIVEN IN PAR 20b. IF YES, WERE FII IN CERTIFYING CAU	INDINGS USED
inG PHYSICIAN. The let of the third in the continuous of the buriol-tronsit per the ord Merical Hygienel orked or flem 18 shows		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	JURY OCCURI	YES NO RED (ENTER NATURE OF INJUR	YES TOR PART TOR PART	NO [
offending offending offending offending state buring the buring hand Meningked or the	MEDICAL	ZIE INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATIO	NC	CITY OR TOW	AN COUNTA	Y STATE
Spitol or Spitol or CTOR. A for use of Heal		saw the deceased alive on above (1) (we) (did) (did no	tol) ottended the deceased from 19. It) view the body ofter death.		(aur) apinion	, to death occurred on the do		
HOSPITAL Since by the FUNERAL D old be detocill the Store Di ORTANT: # 1		226 PHYSICIAN'S NAME (TYPE O	RPRINTI COLLES			MEDICAL STAF	F _ 0	DATE SIGNED
BP	23e E	CURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR O		23d LOCATION CITY OR TOWN	COUNTY	STATE M.d.
DHMH-16 20M (VRA 15, 4) 7/78		NERAL DIRECTOR	ADDRESS 1101 F	North Aven		E REC'D. BY REGISTRAR		NATURE NATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



DHMH - 16 50M 4/83 (VRA 15, 4)

John H. Bast, Jr. Boonsboro Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

IL STREET IN

57 1981 as anut 6721 St. Junes, Wa. U. S. A.

Saltinore Vity

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den H. sest. d. . sengboro. M. . 817/15

212-21-5205 Err. Helen &. Smith. rgsretown, Md. 21710

Surjet 8-29-85 Sermbotro Dermet, Boonsboro, and Co. M.

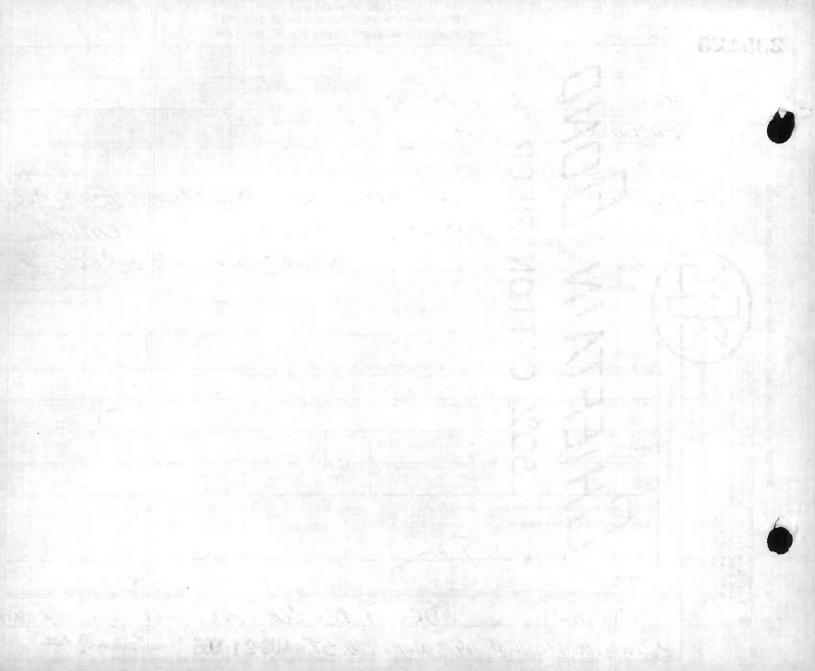
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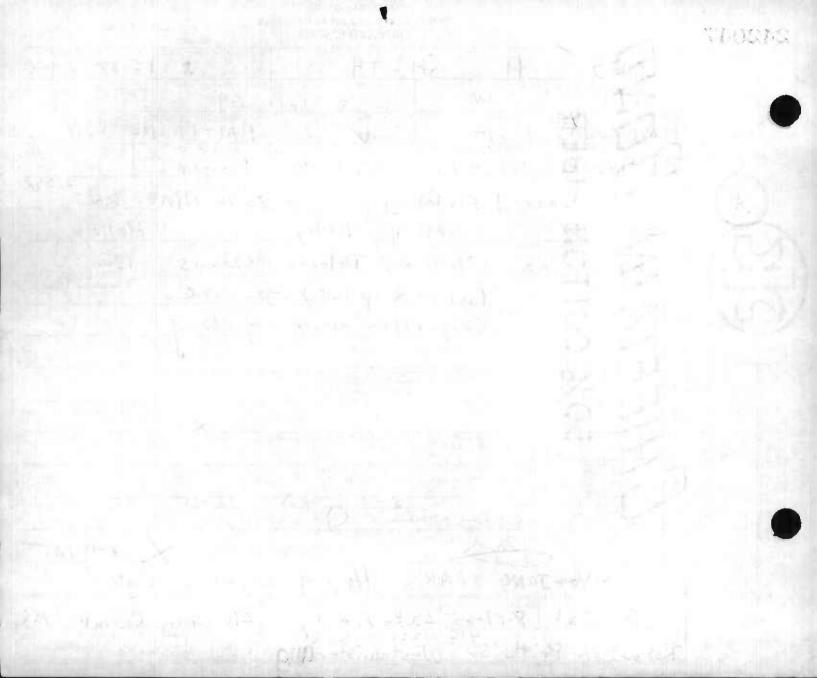
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 235123 I. DECEASED NAME 20 DATE KNOWN 7h HOUR MONTH (TYPE OR PRINT) ESTI-**JOSEPHINE** SMITH DEATH MATED 19 85 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR FUNERAL DIRECT 5 FOR YOUR F PRONOUNCED 10:34 19 85 DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 1510 Pennsylvania Ave. 13d INSIDE CITY LIMITS? YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AA IDDI E FIRST (YES. NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple stab wounds IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HE DEPARTMENT OF HE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 85 P.M. 8-15-Subject stabbed. 211. LOCATION 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) AT WORK AT WORK home 1510 Pennsylvania Ave., Balto. City MD TO MEDICAL EXAMINER: THE EXECUTE HE CERTIFICATE, A PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR, PAFTER DEATH, WITH THE STY. BALTIMORE, MARYLAND, 2 220. I certify that I taok charge of the remains described above, held an Inspection and in my apinian Homicide X death resulted from Natural causes Accident Undetermined monner TITLE (SPECIFY) ACTUAL Mr Assistant 8-17-85 MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 07/84 BP. 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



# ooth. Page 4 may be (2) oerol director. page 3 n 72 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

# STATE OF MARYLAND

2

1		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	Ο.			
		CEASED NAME	FIRST		MIDDLE	200	AST		2a. DATE C	OF DE ATH	MONTH D	AY YEAR	26 HOUR	-
	(TIPE	L (CREMINI)	oui	SE		SM	ITH		_		4 31	22	60	-pm
	3. SE)			4 RACE		5 DATE C			6. AGE (IN	YEARS LAST BE		IF UNDER TYEAR		
		Female		Bla	cK	AONTH 2	27	1921		64	YRS.	ONTHS DAYS	HOURS	MIN,
1		RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER	MARRIED T	9 BALTIM	ORE CITY C	R COUNTY	OF DEATH		
0		Md	20.1	us	A	WIDOWE	-	NORCED [	01	"フ ブ				MD.
6	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF I	HOSPITAL, NUR		OR OTHER INS	TITUTION		L OCCUPAT ORK FOR MOST (	ION OF WORKING LIFE		OF BUSINES	SOR
4	USUA	AL RESIDENCE IN NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSIONI	25 pita		L					-
5		Md	13b COUN		13c. CITY OR T		13d. INSIDE C	(P	13e STREET	ADDRESS 1	SUISION	Str		217
-	14_FA	THER'S NAME		WIDDIE	7241		15. MOTHER	S MAIDEN NAM	ΛE	MIDDLE		1	CY	
0	Me	ses		Ë.	Jack	Kson	Mary	de	200	MIODIE		Hours	ser	
		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SI	ECURITY NO.	17. INFORM	ANT		ADDR	ESS			
		NO	[ ] IF 1E3, OIV	E WAR OR OATES	212-8	22-8630	Berr	rice Be	my	2231	Divi	Sion	Stre	et
		18 CAUSE OF DEAT			line for tal, 161,	, and icil			-			BETWEEN	ONSET AND D	AL EATH
		PART I. DEATH W		D BY: E CAUSE (o)	PARDI	O AULI	MOUAR	y RRI	SEST					
					R AS A CONSE	OUFNCE OF	\.	1						
		Conditions, if any,	, which	( (b)_	META		ACIZ	21201						
		gave rise to imp		DUETO	R AS A CONSE	OLIENCE OF								
		underlying couse	lost	(c)		ER	0f L	IVER						
		PART 2 OTHER SIGN	VIFICANT (	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	O TO THE TERMI	INAL DISEA	SE OR CON	IDITION GIVE	N IN PART 1	I a	
	O													
7	CAT	190 DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFO	DRMED	20a AU	IOPSY?	206 IF YES.	WERE FIND	NGS USED	10
	CERTIFICATION								YES [	NO	YES		NO [	11
7	E E	210. ACCIDENT WAS UN	_	21b. TIME O	F INJURY M. MONTH	DAV VEAD	21c HOW IN	JURY OCCURR	ED (ENTER	NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)		
7	¥	OR CONTRIBUTING		118		19								
	MEDICAL	21d. INJURY OCCUR		21e PLACE			211 LOCATI			CITY OR TO	)wn	COUNTY	ST	ATE
	×	WHILE NOT WE AT WO	TILE	(AT HOME ST	REET, FACTORY, OFFI	K.E. FARM ETC	SINCE			CITY ON TO				
		22s. I certify that (1)	(this hospi	tal) attended th				19 43	to	2.31	1	9 173	that  h (w	e) lost
		sow the decease	ed alive on	4.31		9 \$ 5 . 01	nd that in (my	(aur) apinion o	death accur	red on the d	ate and hour	and from the	causes stat	ed
		27b. SIGNATURE	alar (ala lio	I New The Oddy	oner deam.		DEGREE					22c. DATE	SIGNED	
		1	MI	1)		MDI	MPH	ATTENDING PHYSICIAN	MEDICA DIRECTO			8.3	1.83	
1		226 PHYSICIAN'S N.	AME (TYPE C	R PRINT)	MA		22e ADDRES	SS	1	11	6 3		1:	
/		KNU/	Lope.	5	11/10		260	0 Hibe	141	Weigh	J RG	X B	1 hmis	HO
		BURIAL, CREMATION,	REMOVAL	23b DATE	2	31 NAME OF C				CATION		COLDIEN		
	(	Buria	7	9/5/8	5	Arbutu	is Memo	rial Pk	Ar	butus		COUNTY	Mo	ď
	24 EI	INIEDAL DIRECTOR		1 -1 0				I 25 n DATE	PEC'D BY	DECISTRAD	125h DECISTO	AD'S SICNIA	TLIDE	

DHMH - 16 50M 4/83 (VRA 15, 4)

William C. March F/H Inc. 4300 Wabash Avenue



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

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Г	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		1 3 5 5 5
	DECEASED NAME FIRST	ARET	Theresa		SMITH	20 DATE OF DEATH	AUG	16 85	26 HOUR 6-39 AN
3	SEX	4 RACE	Interesa	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	R IF UNDER 24 HRS
	female	whi	te	NOV	23 1910	7	4 YRS	MONIHS! DATS	HOURS MIN.
0	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY		OFDEATH	
	Maryland	U.S	.A.	WIDOWE	DIVORCED DIVORCED	Balto.	12.1		MD
10	CITY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ION		OF BUSINESS OR
	BALTIMORE	900	D SAMI	9×17	TAN HOSP	HOUSE OF	WIFE	FE) INDUSTRY	
	SUAL RESIDENCE (IF NURSING HOME OF		13c CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 446 08 AS	BURY		21206
14	FATHER'S NAME	WIODIE	1.657		15 MOTHER'S MAIDEN NAM	ME MIDDLE		1.4	a S î
	JEROME	7110000	MILBOI	LRNE	Unknown			STE	ERLING
16	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDR			
L	Nd		217 01	7490	Maurice B. S	mith, 4608	Asbur	y Ave.	21206
Г	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per	line for (a), (b) one	dicia				BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
		TE CAUSE (o)	ASC	IVI	)				
		DUE TO, O	R AS A CONSEQUE	NCE OF					
Н	Conditions, if ony, which	(b)							
Н	gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
П	underlying couse last	(6)_							
١,	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIV	EN IN PART 1	10
MOITADISTAGE						1	T		
1	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE	S OF DEATH?
		7 101 7010			In house the	YES NO		S 🗌	NO 🗌
	OR CONTRIBUTION CAUSE OF RE	- 110110 4	M. MONTH DA	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 I	PART I OR PART 2)	
13	(IF EITHER NOTIFY MEDICAL EXAMINE		M	19					
1 9	21d INJURY OCCURRED	21e PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE F	ARM ETC }	21f LOCATION	CITY OR TO	)WN	COUNTY	STATE
	AT WORK AI WORK								
	22a I certify that (I) (this hasp				. 19				, that (I) (we) lost
L	sow the deceased alive an above, (1) (we) (did) (did no	ot) view the body	ofter death.		nd that in (my) (our) opinion i	deoth occurred on the d	ote and hou		
	SIGNATURE 2 %	100			DEGREE ATTENDING	MEDICAL STA	FF -	22c. DATI	E SIGNED
-	07.7/	au			11-0 - PHYSICIAN	DIRECTOR PHYSIC		lug	-16,148
1	D T L	II A O			22e. ADDRESS			1	
1	0.0,01	TAKI							
23	6. BURIAL, CREMATION, REMOVAL			-	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial	8-20	-85	Garde	ns of Faith	Relto	Ma		

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

AUG 1 9 1985

1 P 9 2 E 5

MARCHET SMITH SMITH NIGHT SS LIFFLY

Female action not as 1910

will added

BALTINORE GOOD SAMARITAN HOSP HOUSE WIFE

SALT BALT X PROFASSURY AVE 21202

MILEO NEWE PRINCES STERLING

218 07 740 HOSBU. WAR KEESSMALE

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N 24 - 241 -

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	. 0 / 0
I DECEASED NAME FIRST	WIDDLE	L.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
MAY	F	SI	MITH	AUGUST 4,	1985 4:19 %
3 SEX	4 RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
F	W	May	15, 1903 YEAR	82 <sub>Y</sub>	RS. HOURS MIN.
70. BIRTHPLACE ISTATE OR FOREIGN Illinois	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIEI WIDOWE	NEVER MARRIED D	BALTIMORE CITY OF COL	
BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST JOHNS HOPKI		TAL	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKE Homemaker	126 KIND OF BUSINESS OR INDUSTRY
III.	LOR OTHER INSTITUTION GIVE RESIDENCE B DUNTY 136, CITY OR 1 Lams Ursa		136 INSIDE CITY LIMITS? YES 🛣 NO 🗌		Box 44 62376
14 FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WIDDLE	LAST
John		nney	Anna	Belle	Hull
160 WAS DECEASED EVER IN U.S.		ECURITY NO.	17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES) 322 56	5061	Mr. Kenneth	Burchmore 521	6 Tilbury Way 212
Conditions, if ony, which		QUENCE OF			
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF	Julyar Ca	icinous	IYEAR
	TV (M) Va / Ca	TO DEATH BUT		MINAL DISEASE OR CONDITION	GIVEN IN PART 110
SHARE  190 DATE OF OPERATION  7/2/8  210. ACCIDENT WAS UNDERLYING	Valvar C	ICH OPERATION			F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O INJURY IN ITEA	N TS PART   OR PART 2)
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFF	ICE FARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive above, (I) (we)(did) (did	ospital) attended the deceased from an 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		d that in (my) (our) apinian	death accurred on the date and	, 19 , that (I) (we) last I hour and from the couses stated
22b. SIGNATURE	Waves	V	ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	22c DATE SIGNED

MPORTANT DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE 8/8/85 23a BURIAL, CREMATION, REMOVAL Burial

224 PHYSICIAN'S NAME (TYPE OR

23¢ NAME OF CEMETERY OR CREMATORY New Providence Cem.

22e ADDRESS

Adams Co., Ursa Illinois

24 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 6 1985

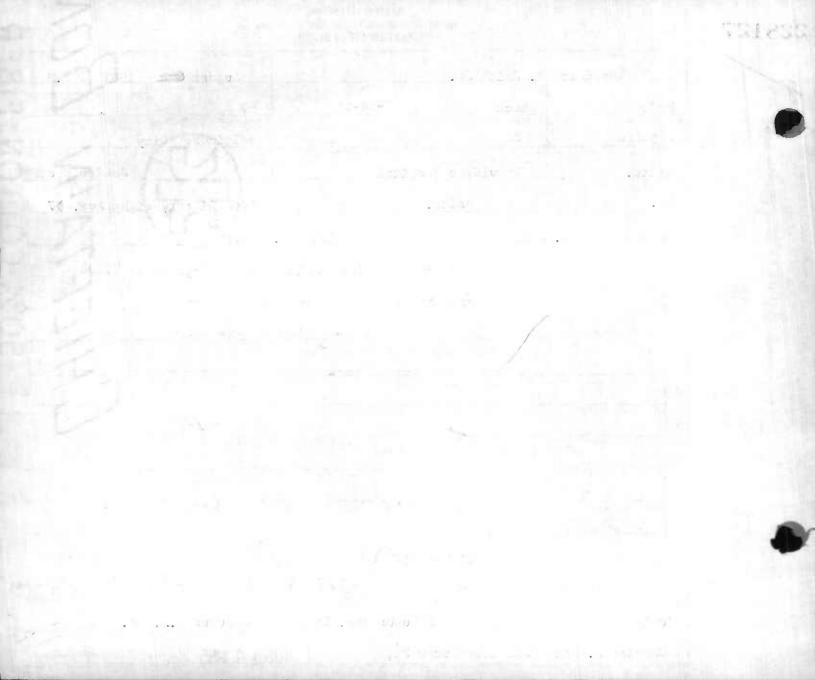
 TO HOSPITAL C. ATTENDING PHYSICIAN. The low requires that the death certificate be retained by the hospital or attending physician.

S = G retained by the haspital or attending physician.	10 FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral direction	should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages fand 2 should be filed within 72 hours litter	with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or remayal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical explanar hust be netified fir price.	3 2 1
δ BP.	TC	sh	3	IM	
NH (V	- 10	6 6	OM	7/	B4

BP. DHMH

1		F 1m G616 ite	m 2a	STAT	E OF MARYLAND	0.0	r ~9 1	- 15
	1.	FOR STATE 6/17/86 r	i a Di		EALTH AND MENTAL HY	ilène d 2 2	0/	
	'	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.		
Н		CEASED NAME FIRST	WIDDLE	437	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b.	HOUR
	(1.77)	Theodore	B. Smith Jr.			August &th.	1985 5	P.M M
	3. SE>		4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
	M	ale	Black	7.	-14-28 YEAR	57 YRS	MONINS DAYS	AND WINE
	Za BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	_	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
2		ryland	USA	WIDOW	D NEVER MARRIED L	Baltimore, Ci	tv	MD
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		120 USUAL OCCUPATION	12b. KIND OF BU	USINESS OR
4	R	alto.	Provident			(TYPE OF WORK FOR MOST OF WORKING	Joffee	Brothe
	USUA	AL RESIDENCE (IF NURSING HOME O TATE 13b COU	ROTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION)		1. concer approach and acc		-
SE		d.	NTY Bal		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COE 4104 Liberty H		21207
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	101-1-11-11	F1201
0		Theodore B.	Smith	AST	Olivia P	Gross	LAST	
7	16a V	AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCT	AL SECURITY NO.	17 INFORMANT	ADDRESS		
1		res, no or unknown) (IF YES GI	IVE WAR OR DATES)	22-6875	Leon Smith	5714 Bowleys La	ne 21206	
		18 CAUSE OF DEATH (Enter o		Α	TEON BUILT	J/14 DOWLEYS La	APPROXIMATE BETWEEN ONSE	EINTERVAL
		PART I. DEATH WAS CAUSI	ED BY	ute M	40 cardial =	Turan lion	BEI WEEN ONSE	I AND DEATH
		IMMEDIA	TE CAUSE (a)		1000000	410 100.0		
		Conditions, if any, which	DUE TO, OR AS A CO	NSEQUENCE OF	orenay Art	ex Discour		
		gove rise to immediate	(6)		3	)		
		cause (a), stating the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 110	
	2		20.000			THE DISERSE ON CONDITION O		
	CATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS	USED
/	<u>u.</u>					V 4	IFYING CAUSES OF	DEATH?
0	CERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF PHILE'S IN ITEM 18	PART I OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DE		IH DAY YEAR				
1	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION		COUNTY	STATE
	W	WHILE NOT WHILE	(AT HOME STREET, FACTORY	, OFFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
		270.1 certify that (this hosp	oital) attended the deceased	from_	19 8	5, 10 Aug	. 19 4 6 , that	(I) (we) last
		saw the deceased arrive or	of view the body of tendent	190	nd that in (my) (our) opinion	death accurred on the date and ha	our and from the cau	res stated
		226 SIGNATURE	A I	le.	DEGREE	^	m. own go	WED
		1 Dale	edio I Du	ui m	ATTENDING PHYSICIAN	MEDICAL STAFF	0/2	181
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	a I Ca Da	4	11-
		Claudi	o CevIN		10219 J.	Oslfield Ka,	Owing	MULSU
	23a B	URIAL, CREMATION, REMOVAL	L 23b. DATE	23c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION		
	В	specify) urial	8/10/85	Arbutus	Mem. Park	Arbutus .B.C	Md.	STATE
		INERAL DIRECTOR				TE REC'D. BY REGISTRAR 256. REGIS		
		Charles A. Rice	e FSPA 1300 É	utaw P1,	Al	16 1 4 1985 Sinh	Durdson-Ron	delle

STATE OF MARYLAND



REGISTRAR

Mala

Waverly

4 RACE

I. DECEASED NAME

(TYPE OR PRINT)

3. SEX

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

YEAR

LAST

Smith

5. DATE OF BIRTH

1985

IF UNDER 1 YEAR

26 HOUR

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

IF UNDER 24 HRS HOURS

REG. NO

20. DATE OF DEATH MONTH

August 16,

6. AGE (IN YEARS LAST BIRTHDAY)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death carefunds be executed within 24 hour after death. Fage 4 may be retained by the haspital or attending physicion.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. This please carbon pages. Pages, and 2 should be tilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cramation. at removal.

		Male	Bl	ack	12	19	13	7:	L	YRS.		
33	V	RTHPLACE (STATE OR FOREIGN COUNTRY) irginia	U.S	WHAT COUNTRY?	WIDOWED		ORCED [	9. BALTIMOI BAL		RE C		MC
20	В	altimore	2217		ADDRESS)		TUTION	12a USUAL C (TYPE OF WORK		ON WORKING LIFE		BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 COL		Baltimo	N I	13d. INSIDE CIT YES <b>X</b>	Y LIMITS?	13e STREET A	DDRESS /	zip code ken S	treet	21218
20	14 FA	THER'S NAME Willie	WIDDLE	Smith		Luc	IRST.	ΑE	MIDDLE		leman	
1	0	VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	217-26-		17 INFORMAN		Smith	2 2 1 7		en Str	eet
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)	only one couse pe SED BY: ATE CAUSE (a)	r line for 101, (b), and							APPROXIMA BETWEEN ON	ATE INTERVAL
		Conditions, if any, which	DUE TO, C	AY PER ES							10-20	oyears
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	PAS A CONSEQUE	W VU	scular o	liseose				- 11	
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT N	NOT RELATED T	O THE TERM	INAL DISEASE	OR COND	OITION GIVE	N IN PART 110	
2	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATION	WAS PERFOR	MED	20m AUTO	PSY?		WERE FINDING	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH	DF INJURY .m. Month D# .m.	AY YEAR	21c. HOW INJ	URY OCCURE	RED (ENTER NA	TURE OF INJUR	Y IN 11EM 18 PA	RT 1 OR PART ?)	
4.,	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM_ETC }	211 LOCATION STREET	7		CITY OR TOV	WN	COUNTY	STATE
		220 1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did)	August 1	4 19 5	Autust 19		. 19 <u>83</u> our) opinion o	, ta	August an the do	·	9.95, the	nat (I) (we) last ouses stated
		226. SIGNATURE MAU	Titt	one deam	D		TENDING HYSICIAN [	MEDICAL DIRECTOR [	STAF	F	221. DATE SI	
1		22d. PHYSICIAN'S NAME (TYPE	City			22e. ADDRESS		Wolt			- 12	
		BURIAL CREMATION, REMOVA	8/20/	/85 Ce	dar H	METERY OR CE	REMATORY	23d LOCA	TION		louNCo.	Md STATE

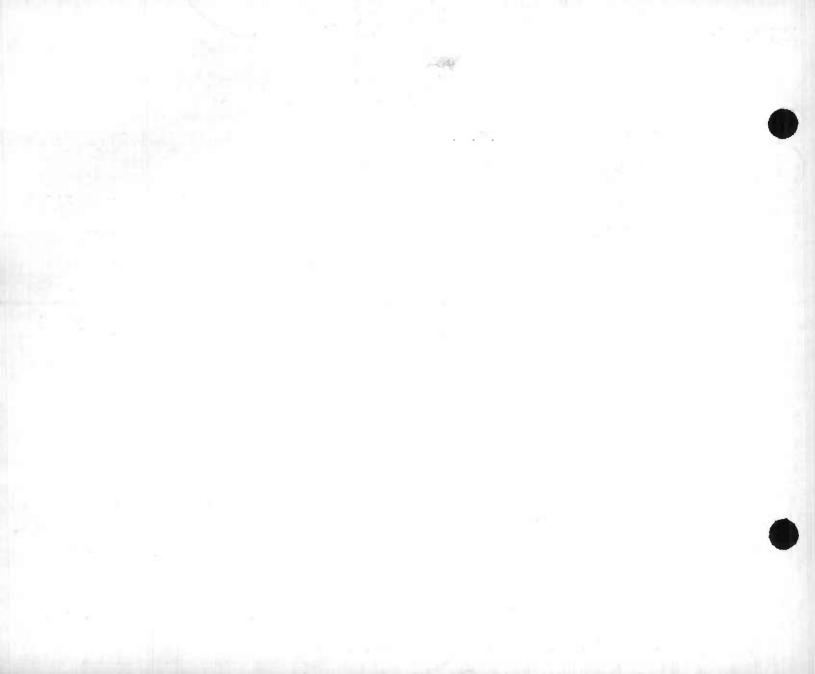
Wm CM March F/H Inc. 110 PORE North Avenue

R.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP



	1-	FOR STATE		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGIE	NE) 2	2 0	7 3	
233034	1 00	REGISTRAR		10015		AST DE OF DEA		REG. N		v vena Ta	110110
2 24		CEASED NAME FIRST OR PRINT)		IDDLE		M31	- '	a. DATE OF DEATH		Y YEAR 26	. HOUR
-112/20	3. SE2	CHAF	ALES L	· SM	100 <b>T</b> 15. DATE C	F RIPTH	6	Aug. 15			UNDER 24 HRS
DYN II	3. 3E			2 4	MONTH	DAY	YE AR		MO		OURS MIN.
A 1 11	7n BI	Male	7b. CITIZEN OF V	ite	Sep.		0	79 BALTIMORE CITY O	YRS.	DEDEATH	
U 1 15	Mai	yland	U. S.		MARRIE WIDOWE		RIED L	Bal	timore	e City	MD.
1 1 10		Baltimore	Greater	Pa Z	STREET ADDRESS)	sing Home		20. USUAL OCCUPAT TYPE OF WORK FOR MOST Self-Emplo	OF WORKING LIFE)	126. KIND OF B	Cars
RYLAND 2120 mether 24 bours seeby filled in b 5.2 should be it.	N	A RESIDENCE IN NURSING TOME OF THE STATE OF	OTHER INSTITUTION ONTY		imore	13d. INSIDE CITY : YES XX NO 15. MOTHER'S MA	LIMITS?	30 STREET ADDRESS		st.	(21230
1 1500		Charles			oot		ecelia		7	Donag	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? (E WAR OR DATES)		SECURITY NO.	17 INFORMANT		ADDR		altimor	
T. BALL		Yes  18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE (MMFD) A	nly one couse per l D BY TE CAUSE (0)	line for (a), (			Нерр	le 2952 i	Mallvie	APPROXIMA BETWEEN ONS	21230) TE INTERVAL ET AND DEATH
that the death of by the attending east emmare corbinal, cremention, or ar either traumonic.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(6)		SEQUENCE OF					MANY	YEAR
RDS, 20 equilies Then pl r to bur	NO	PART 2 OTHER SIGNIFICANT C H F	California de la constantia del constantia de la constantia de la constantia della constantia della constant		ONS DIS		THE TERMIN	IAL DISEASE OR COM	DITION GIVE	N IN PART 110	
NG PHYSICIAN: The low enter obtending physician. The low enter this certificate between 5s the buriol-trionsit permit. The hond Mental Hygiene price to orked or item 18 shows any injury.	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	TION FOR W	HICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES OF	S USED F DEATH? NO
OF VITA  CLAN: T  physical phy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIFT	A. MONTH	H DAY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18, PAR	T I OR PART 2)	
O PHYSIS OF THIS CE THIS CE THIS CE THE BUTTON ON A MET AND A MET A MET AND	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY	OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
ENDING ol or ol or ol or ol or ol or ol or olo		220.1 certify that (I) (this hasp	0/7 =	deceosed f	7/25	d that is (my) (ou	79	to 8/15 oth occurred on the c			ot (1) (we) lost
OR ATTI OR ATTI DIRECTO Sched for Obept. of		obove, (I) (we) (did) (did no		ofter death		DE GREE	r) opinion de	A STATE OF THE PARTY OF		22c. DATE SIG	GNED
그 후 후 후 후 후		22d, PHYSICIAN'S NAME (TYPE O	DR PRINTI		M		NDING SICIAN	MEDICAL STA	CIAN		6-85
TO HOSPITA TO FUNER should be be with the Se With the		SHAYKAT	Y.KH	AN		BAC	To, 1	40 2/12	-28	AM OR	VE
F 6 F 2 3 2	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREA		23d. LOCATION		COUNTY	STATE
BP	_	Burial	8/19/	85	Cedar H	ill Ceme	tery	Brooklyn	Pk., A.	A.Co.	larylar
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director corge J. Gonce,	4001 Rit	chie	Hg.,Balt	imore,MD	AU AU	6 1 9 1985	25L-RECISTR	R. F. SICHATAN	indell

Gergaigs - Ili-

STATE OF MARYLAND

Garrison Forest Vet.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

SPECIFY) Buria

24 FUNERAL DIRECTOR

March F/ H 1101 E North

8/30/85

ADDRESS

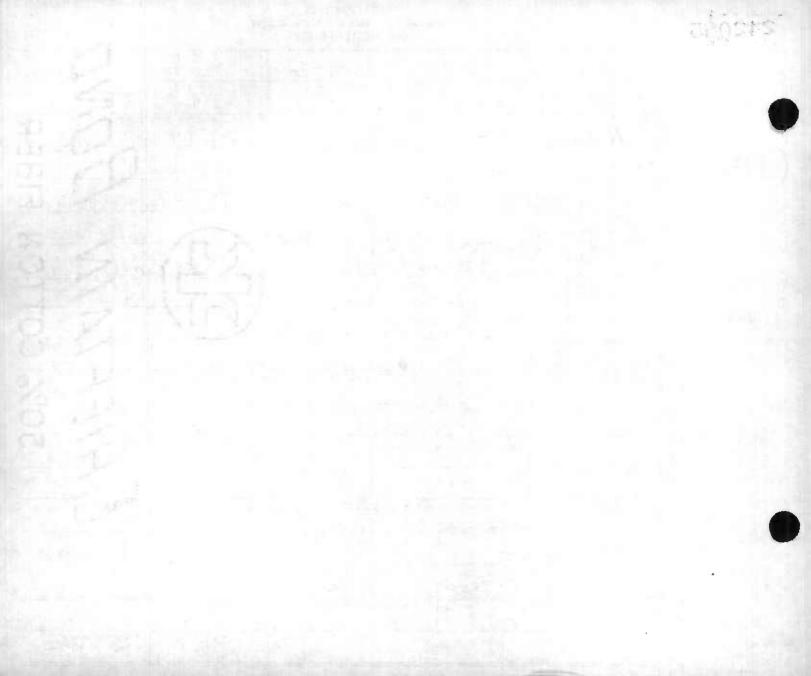
Owing Mills 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE an well along - Has

2b. HOUR

625

STATE

STATE



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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In DOCKHALA UK BITINDING THIS CHIEF THIS LINE THE CONTROL COLLEGE OF EXPENSE WHEN SCHOOLS ONCE THE COLLEGE OF T	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral directors should be detached for use as the buriol-transit permit. Then please remove corbanapers. Pages Tand 2 should be filled with 72 hauristines.	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal. IMPORTANT: If Hem 21 is marked or Hem 18 stows any injury, as other traumatic event, the medical schemes market in titled or or the medical schemes.
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retained by the hospital or attending physician.	FUN ould b	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. IMPORTANT: If Hem 21 is marked or Hem 18 stows any injury, or other traumatic event, the
5 5	Sp. 7	3 3-

DIVISION OF VITAL RECORDS, FOR W. PRESTON ST. BOLLINORE, MARYLAND 21201.

			REG. NO.	
DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOURD
LASHA	AWN T.	SOLOMON	AUGUST 7, 1985	3:12
. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
FEMALE	BLACK	AUG. 16.197	1 1/4	
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL		9 BALTIMORE CITY OR COUN	TY OF DEATH
MARYLAND	U.S.A	WIDOWED DIVOR	IRUI I IMILIEF I I I A	,
CITY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITU	TION 128 USUAL OCCUPATION	126 KIND OF BUSINESS C
BALTIMORE	THE JOHNS HO	JPKINS HOSPITAL	STUDENT WORKING	INDUSTRY N/A
	E OR OTHER INSTITUTION, GIVE RESIDEN  DUNTY  13c. CITY C  BALT	DR TOWN I IMORE   13d. INSIDE CITY I		
GERALD L. SO	LOMON	15. MOTHER'S MA		LEWIS
WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIA	AL SECURITY NO. 17 INFORMANT BETTY	ADDRESS SOLOMON 2310 EDGE	MONT AVE.
	r only one couse per line for (o)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PART I. DEATH WAS CA	USED BY: DIATE CAUSE (o)	2 .		i'mmerica
DATE .	DUE TO, OR AS A CO			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COL	tastatic nasopho		a. 30 month
	TONDITIONS CONTRIBUTIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
190 DATE OF OPERATION		WHICH OPERATION WAS PERFORME	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
210 ACCIDENT WAS UNDERLYING	- 110110 111 11011		Y OCCURRED (ENTER NATURE OF INJURY IN ITEM TE	PART ( OR PART 2)
		TH DAY YEAR		
21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	AWOI 90 YILL	COUNTY STATE
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY ospital) attended the decegsed	OFFICE, FARM ETC.)  211 LOCATION STREET	elity or town	A (-
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220 I certify that (I) (this his saw the deceased alive	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY  ospital) attended the deceased	OFFICE, FARM, ETC.)  711 LOCATION STREET  4 from AUGUS 5  19 ond that in (my) (our	9 85 to August 7	. 19
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (I) (this his saw the deceased alive	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY ospital) attended the decease	OFFICE, FARM, ETC.)  271 LOCATION STREET  d from 19 ond that in (my) (our DEGREE	985, to August 7	. 19
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27d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  270 I certify that (I) (this has obove, (I) (we) (did) (did)  270. SIGNATURE  27d PHYSICIAN'S NAME (T)  BOACLY  30. BURIAL, CREMATION, REMO)	216 PLACE OF INJURY (AT HOME STREET, FACTORY ospital) ottended the deceased on August d not) view the body ofter dedit  Our Breini B. Keller	OFFICE, FARM, ETC.)  2711 LOCATION STREET  3 from 19 ond that in (my) (out  DEGREE  ATTE PHY  22e ADDRESS	P 85 to A 2 2 5 7 7 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	that (I) (we) II  The part of the course stated  The DATE SIGNED  THE SIGNED  THE SIGNED
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (1) (this has obove, (1) (we) (did) (die 22b. SIGNATURE	21e PLACE OF INJURY (AT HOME STREET, FACTORY ospital) ottended the daceosec on Address of the decision of the	office, FARM. ETC.)  271 LOCATION STREET  3 from 19 0 ond that in (my) (out that in	PSS to Angust 7  P) opinion death accurred on the date and he  NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN PHYSI	19
22d PHYSICIAN'S NAME (TO BURIAL, CREMATION, REMOTE BURIAL  FUNERAL DIRECTOR	216 PLACE OF INJURY (AT HOME STREET, FACTORY ospital) ottended the dacegae on August d not) view the body after death  PROPERTY  B. Keller  VAL 23b. DATE  8/10/85	office, FARM, ETC.)  271 LOCATION STREET  3 from 19 ond that in (my) (out h.)  DEGREE  ATTE PHY  272 ADDRESS OF THE PHY  2731, NAME OF CEMETERY OR CREATERY OR CRE	NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF SICIAN DIRECTOR DI	1985, that (I) (we) I 2001 and from the couses stated 2776 DATE SIGNED 277/85  3144  Belli need I  COUNTY STATE  MARYLAND  SPARS, SIGNATURE
22a   certify that (1) (this has bodye, (1) (we) (did) (did) 27b. SIGNATURE  22d PHYSICIAN'S NAME (TO BURIAL, CREMATION, REMO)  BURIAL, CREMATION, REMO)	21e PLACE OF INJURY (AT HOME STREET, FACTORY ospital) attended the daceased on August 1 d not) view the body after death  VPE OR PRINTI  B. Keller  VAL 23b. DATE  8/10/85	office, FARM, ETC.)  271 LOCATION STREET  3 from 19 ond that in (my) (out h.)  DEGREE  ATTE PHY  272 ADDRESS OF THE PHY  2731, NAME OF CEMETERY OR CREATERY OR CRE	985 to Agust 7  1) opinion death accurred on the date and he  NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN PATORY  23d LOCATION  BALTIMORE	276 DATE SIGNED  276 DATE SIGNED  277 DATE SIGNED  Belli work  COUNTY  STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 242015 TE OF DEATH REGISTRAR. REG. NO DECEASED NAME 20 DATE KNOWN MONTH 2b HOUR (TYPE OR PRINT) ESTI-8-24-85 SATPAL SOOD DEATH MATED 4. RACE DATE OF BIRTH 3 SEX AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR ERALDING OR YOUR LAST BIRTHDAY PRONOUNCED 11/28/21 Male DEAD Cauc. 61 In BIRTHPLACE (STATE OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) India India Baltimore City WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Agriculturist Good Samaritan Hospital Baltimore Farming G HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 30. STATE COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Co. Hillendale 6615A Glenber Ct. 21234 NO IX 15. MOTHER'S MAIDEN NAME MIDDLE LAST Kharaity Ram Puran Devi 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE WAR OR DATES) N/A 217-98-4233 Randhir Sood, 7722 Bennerton Dr. 2126 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSA teriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL -TRANSIT OF HEALTH AND MENTAL HY RIAL, CREMATION, OR REMO Canditians, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PENDING PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHC EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIL NO X 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 TIE PLACE OF INJURY (AT HOME. 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Notural couses Accident Homicide Undetermined manner Suicide TITLE (SPECIFY) DATE 8-25-85 Assistant EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. TYPE OR PRINT 23a BURIAL, CPEMA V. REMOVAL 236 DATE Cremation BP 07/84 25M 24 FUNERAL DIRECTON REGISTRAR 296 REGISTRAR'S SIGNATURE

Kotsis FH, 6911 Windoor

DHMH - 17

(VR A15 ME (5))

Male Caue. 11/28/21 ol -sion

TILLS: List Lister

Maryland Baltimore Jo. Hillendale x colon Henton C. 1276

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(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ITEM NUMBER 11, PER. PH. CALL

(VRA 15, 4)

1 101

248091 FOR 2 2 6 7 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH 1 DECEASED NAME MIDDLE MONTH 2b HOUR LIVEE OR PRINTS MELINN SPENCE 2220 3 SEX 4 RACE 5 DATE OF BIRTH A AGE TIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR BLACK MALE MONTH YEAR 05 YRS Ja BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED PNEVER MARRIED COUNTRY V.S.A BACTIMORF CITY WIDOWED Baltimore DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY. BAITIMORE #OJPITAL UNIVERSITY OF MARYLAND STEEL WORKER CTEE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 20 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE AVE BAUTMORE ACTIMORE 1614 N. FULTON 21217 NO 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE addie CPENCE Mc Cov ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LES. NO OR UNKNOWN ( IF YES, GIVE WAR OR DATES) Fulton AVEAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATP No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MUCH SEPTICAEMIC HOUR ! IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CANUSCATOPENA Conditions, if any, which gave rise to immediate cause IaI, stating the DUE TO, OR AS A GONSEQUENCE OF MONTH HEPATOMA underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO 71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21E LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the decleased from 08/72 10 85 saw the deceased alive an. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not yiew the bady after death 22b SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN /au should be det with the State IMPORTANT: 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22 ITH CREENE ST, BAU 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 236 DATE Burial 9/3/85 Arbutus Cem. Baltimore Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Tuna Landson Pandalle DHMH - 16 60M 7/84 Wm. C. March F/H 4300 Wabash (VRA 15, 4)

STATE OF MARYLAND

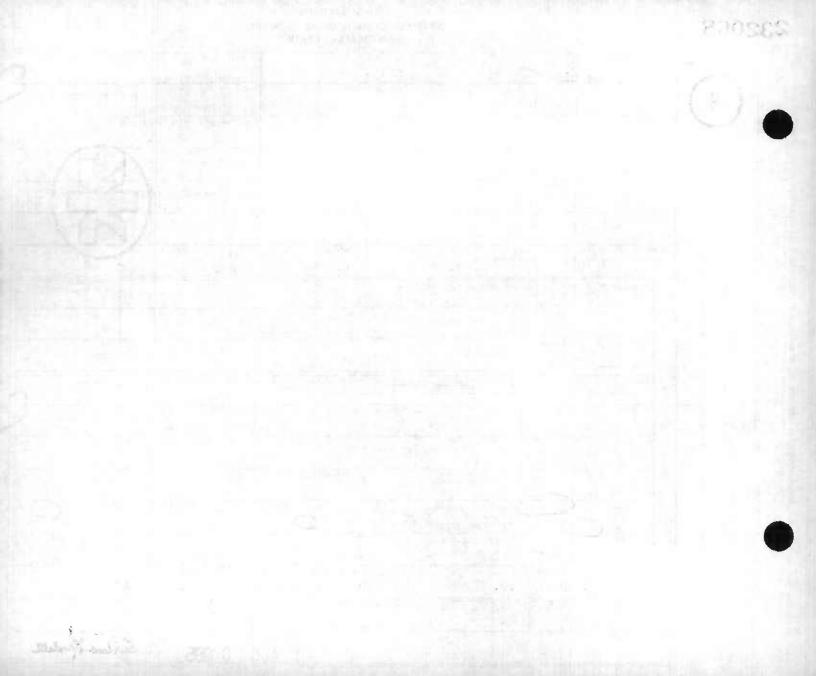
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE

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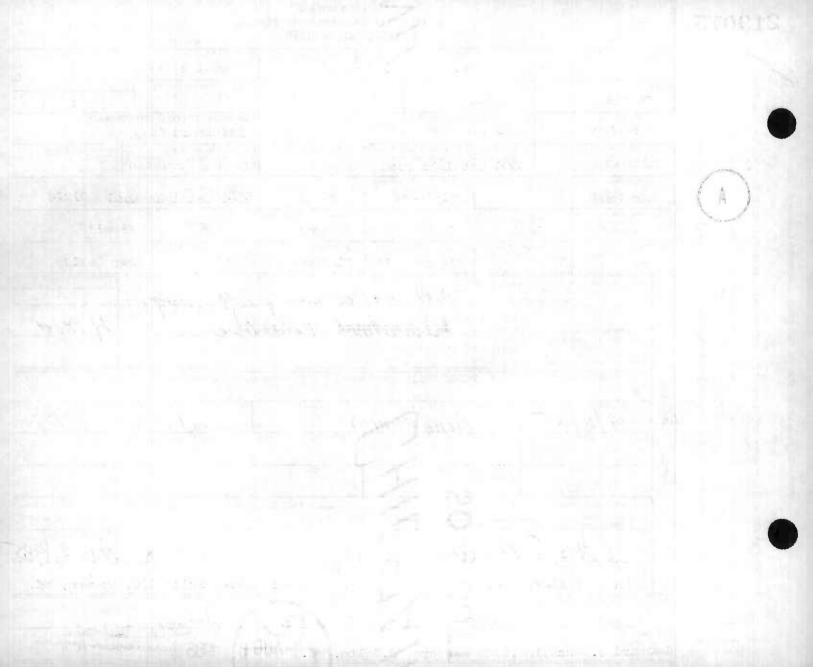
FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HY		2 5	8	)	
DECEASED NAME FIRST	WIDDLE	1	AST	REG. N	MONTH DA	Y YEAR	2b. HOUR	
Leotia	S	pruie		August 14.			5:28A M	
3 SEX	4. RACE	5. DATE C		6. AGE IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.	
Female	Black	1	25 07	78	YRS		1.00%	
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE		Baltimore City  Baltimore City				
N.C.	USA 11. NAME OF HOSPITAL, NURSIR	WIDOWE		12a. USUAL OCCUPAT	,	12h KIND C	MD OF BUSINESS OR	
Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET  Church Home	ADDRESS)			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION]	13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS		on St.	21231	
Scott	MIDDLE LAST		FIRST	WIDDLE		ŁAS	ST	
160 WAS DECEASED EVER IN U.S. A	Harrington		Mary 17 INFORMANT	ADDRI	500	Mark		
	SIVE WAR OR DATES)  218-07-			1915 F. Fed		1		
	only one couse per fine for (o), (b), or		I Hary Taylor	1717 F. FEG	ieral S	APPROX	IMATE INTERVAL ONSET AND DEATH	
Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost  PART 2 OTHER SIGNIFICAN 3rd degree 2  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEOU  (b) Probabl  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO AV block requirin  [196. CONDITION FOR WHICH	e puli ENCE OF DEATH BUT IG PAC			20b. IF YES,	WERE FINDIN	NGS USED	
JE I	STATE OF THE REAL PROPERTY.			YES NO X	IN CERTIFYI	ING CAUSES	OF DEATH?	
OR CONTRIBUTING CAUSE OF E  (IF EITHER NOTHY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOTHY MEDICAL EXAMIN  27d. I certify that (I) this has  sow the decision glive obove, (I (we) (did) (did)  27b. SIGNATURE  27d. PHYSICIAN'S NAME (TYPE)  S. Katz	P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  pital) attended theodox toged from an only view tile body after death.  19 on only view tile body after death.	FARM, ETC.)	211 LOCATION STREET  7 8/12 19 85 and that in (my completion) DEGREE ATTENDING PHYSICIAN  122e ADDRESS Chur  100 N. Broad	city or to  to 8/14/ n deoth occurred on the d  MEDICAL STA DIRECTOR PHYSIC CCH HOSPITAL  dway, Balto.	OWN  FF CLAND	COUNTY	STATE that we ost couses stated	
23a BURIAL, CREMATION, REMOVA (SPECIFY) Burial			emetery or crematory ore Cemetery	Baltimor	re	COUNTY	STATE	
Wm. "C". March F/	H 1101 E. North	Ave.		ATE REC'D. BY REGISTRAR		AR'S SIGNAT	Mandall.	

DHMH - 16 60M 7/84 (VRA 15, 4)

If Item 21 is morked or Item 18 sho



219075	1.	FOR STATE REGISTRAR		DEPARTN	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2258  CERTIFICATE OF DEATH  REG. NO.					
2 to 0		CEASED NAME FIRST DOROT		A.	/s/1/A	Standbach	August 2,		YEAR 2b. HOUR	
ge 4 mo	3. SE	x Female	4. RACE White		5. DATE OF BIRTH FEBryary 27,1936		6. AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF LEADING MONTHS DAYS HO			
nerol din n 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)			ALA DOUED		Baltimore CITY O	City		
s offer d		ITY OR TOWN OF DEATH	11. NAME OF 5305 C	1. NAME OF HOSPITAL, NURSING HOME ( UF HOS IN 503 02 ILITY, GIVE STREET ADDRESS! 5305 Catalpha Road		OR OTHER INSTITUTION	126 USUAL OCCUPATION 17 TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY NUTSING ASSISTANT			
24 hours	13a.	AL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, TATE  136 COUNTY		N. GIVE RESIDENCE BEFORE ADMISSION) 13(. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS?	13.53.09 ADDRESS /5/305 Catalpha Road 21214			
Pa Soc	14, F/	ATHER'S NAME FIRST James	Lewis	Topper		Agnes	Ann	Wive.	II LAST	
n ond co		WAS DECEASED EVER IN U.S. ( YES NO OR UNKNOWN)   I IF YES.	ARMED FORCES? GIVE WAR OR DATES)	214-32-4		17 INFORMANT  Clarence Sta		ADDRESS  ndbach Same as 1.		
w requires that the been signed by the mit. Then please remorant injury, or other the	ATION	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  1190 DATE OF OPERATION	(c)T CONDITIONS <u>C</u>		<u>PEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN P.		
CIAN: The low graphsterion. errificote has be idi-transit perm nial Hygiene prime in 18 shows on	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.	F INJURY	Y YEAR	21c HOW INJURY OCCURR	YES NO	YES 🗀	AUSES OF DEATH? NO	
ING PHYS r offending Wher this c os the bur ith and Me orked or H	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE		ARM, ETC }	211. LOCATION STREET	CITY OR TO	VN COU	NTY STATE	
OSPITAL OR ATTEND ed by the hospital or UNERAL DIRECTOR: 4 d be detached for use the State Dept. of Head RTANT: If hem 21 is m		22e.1 certify that (I) (this has saw the deceased alive above (I) (we) I did (I) did 17th SIGNATURE	2 M C	19		, 19 Id that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN [22e. ADDRESS]	MEDICAL STAF DIRECTOR PHYSIC	FIAN A PROPERTY OF THE PROPERT	ug 2, 198	
TO HOS should be with the	23a. I	John E. Mille BURIAL, CREMATION, REMOVA (SPECIFY) Burial				MEMETERY OR CREMATORY and Mem Park	Drive, Suit    23d LOCATION   CITY OR TOWN   Baltimo	COUNTY		
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR		ADDRESS		25a. DAT	E REC'D. BY REGISTRAR	runa Davido	ANGURE MANDELL	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
6		CEASED NAME FIRST		DIE	U	AST		20. DATE OF DEATH		DAY YEAR	2b HOUR
1	,,,,,	WILLIA	M JOSE	PH	STAPL	ES Jr.		AUGUST	12, 19	785	2:06p M
	3. SE)	(	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	HOURS MIN.
		Male	Cauca	sian	May			64	YRS.	MONTHS DATS	HOURS MIN.
,		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W		8	NEVER MARK		9 BALTIMORE CIT	OR COUNT	Y OF DEATH	
4		Kansas	USA		WIDOWE			BALTIMO	RE CITY	/	MD.
77		TY OR TOWN OF DEATH				R OTHER INSTITUT	ION	12ª USUAL OCCUP		12b. KIND C	OF BUSINESS OR
5	B	ALTIMORE	VA MEDI	CAL CENT	ER BA	LTIMORE A	10	Salesma		Rid F	ntrol Co Pest
25	JUSU / 13a. S	AL RESIDENCE (IF NURSING HOME OF		VE RESIDENCE BEFORE		13d INSIDE CITY L	IMITS?	13e STREET ADDRES			
5		Maryland		Baltimo		YESX NO		4930 Sch			L206
	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MA				107h	HACT AND
30		William J.				Marga	ret			LA	51
1		VAS DECEASED EVER IN U.S. AR		66 SOCIAL SECU	JRITY NO.	17 INFORMANT	-101	ADI	DRESS		1237
1	(1		WII	21616 67	792	Mildre	d St	aples, Wi	fe,sa	me as	above
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)								SETWEEN	MATE INTERVAL ONSET AND DEATH
		MMEDIA	NONARU	51	MIN						
	z	Conditions, if ony, which gove rise to immediate cause lost, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
	9	METHS	TATIC	PKOS	>1747	- CH					
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	196 CONDITION FOR WHICH OPERATION			D	20a AUTOPSY?		S, WERE FINDI	
1	E	210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY				121. HOW MILLIPY OCCUPA				ES	NO 🗌
9	MEDICAL CE	HOUR AM MONTH DAY YEAR								PART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	TAT HOME STREET EACTORY OFFICE FARM STO					CITYO	RIOWN	COUNTY	STATE
		22a. Lectify that (X (this haspital) attended the deceased from August 12., 1985, to August 12., 1985, that X (we) I saw the deceased alive an August 12., 1985, and that in XX (aur) opinion death occurred an the date and hour and from the causes stated above. (X (we) (did) (X (X (X)) view the body after death.									
		12h SIGNSTURE	d	ie. deam.	[		NDING _	MEDICAL S	TAFF	22c. DATE	SIGNED
0		22d. PHYSICIAN'S NAME AT THE	OR PRINT)			PHYS 22e ADDRESS	ICIAN [	DIRECTOR   PHY	SICIAN		
	W	//	RDITC	H			ch Ra	ven Blvd.	Balti	nore MD	21218
		URIAL, CREMATION, REMOVAL				METERY OR CREM		23d LOCATION		COUNTY	STATE
		Burial	8/15			sville				le, Mo	d .
	24 FL	JNERAL DIRECTOR		Ra	otto.	Md 21	DEST DUALTE	MEC'D. BY REGISTE	AR 25h REGIS	THRESIGNA	LIRE

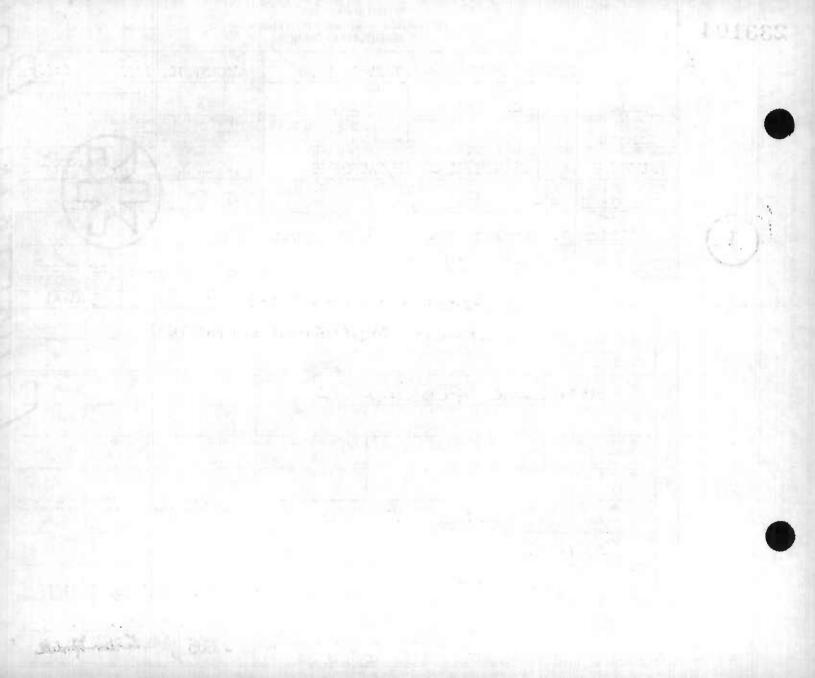
DHMH - 16 60M 7/84

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, th

should be detached for use as the burial-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

(VRA 15, 4)

3331 Brehms SCHIMUNEK FUNERAL HOME,



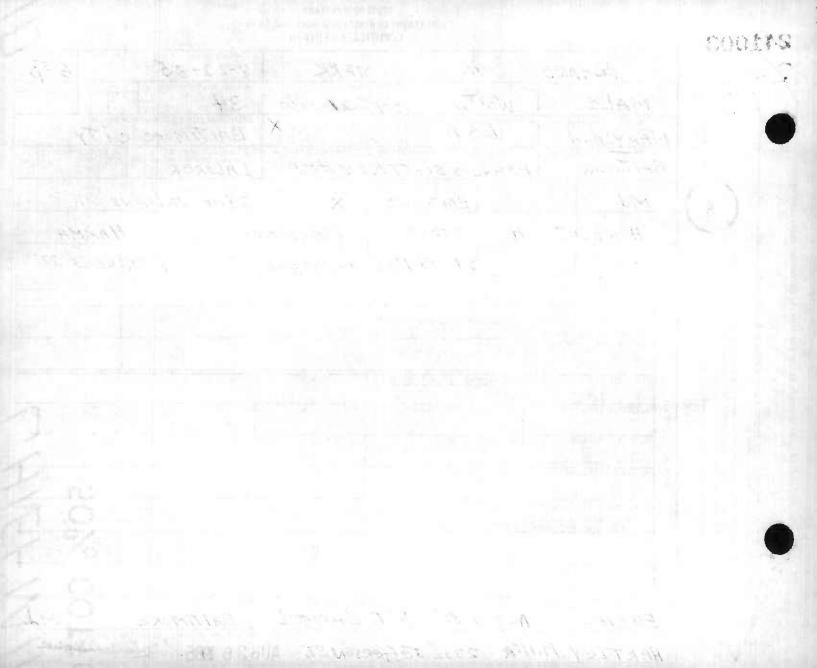
2332 36 FERSON ST.

AUG 26

Fichia Davidson-Randale

DHMH - 16 50M 4/B2

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b HOUR TTYPE OR PRINTI WILFRED B. 3 SEX 4 RACE IF UNDER I YEAR MALE WHITE DEC 1897 9 BALTIMORE CITY OR COUNTY OF DEATH & BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED COUNTRY MARYLAND WIDOWED DIVORCED BALTIMORE CITY CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GOOD SAMARITAN HOSPITAL BALTIMORE OPERATOR ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION G. STATE COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND BALTIMORE 21212 NO X 7009 KENLETGH 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANIDONE. LAST FIRST STARR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 21030 212-01-5021 NO CAROLE S. WILSON 30 SPRING GLEN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), neumonia PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF ntal Hyg 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE AT WORK 81 220.1 certify that (1) (this hospital) attended the deceased from, 35 and that in (my) (sor) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an. MEDICAL ATTENDING should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) Lock Rawen 23a BURIAL, CREMATION, REMOVAL 23b DATE 231. NAME OF CEMETERY OR CREMATORY CITY OF TOWN BURIAL

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

E. JOHNSON8521 LOCH BLVD

15. 84EVANGELICAL LUTH SHREWSBURY

- 574

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22085

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Ja Birthplace Islate Orforeign To Citizen of what country?  Maryland USA  STatah  S. Date of Birth  MONTH  DAY  S 24  8 24  8 24  8 MARRIED N NEVER MARRIED  WIDOWED  DIVORCED  BAL	AST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
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Maryland USA MARRIED NEVER MARRIED BALL	
Maryland USA WIDOWED DIVORCED BAL	ITY OR COUNTY OF DEATH
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	UPATION 126. KIND OF BUSINESS OR MOST OF WORKING LIFE INDUSTRY
Bultimore City South Bullimore General House	rice
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE , 134. COUNTY   134. CITY OR TOWN   13d INSIDE CITY LIMITS?   13e. STREET ADDITIONAL   13d INSIDE CITY LIMITS   13d INSIDE	ES BOSE S. CLINTON ST.
Maryland Mix Markel Dultinole YES TO NO XXXX	X XXXXX XXX XXX
14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	DDLE LAST
Frank Cada Agues	Posavado
(YES, NO QUARROWN)   (IF YES GIVE WAR OR DATES)	2/224
NO 219834955 EDWARD J. STEFAN	133 S. CLIDTEN ST.
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 10) Cardiac, Registratory tailub.	£ a
DUE TO, OR AS A CONSEQUENCE OF 1 1 C	
Conditions, if any, which (b) Congastine want tacture.	
cause (a), stating the underlying cause lost.	1.5
( 10) Chronic Ossimilia primorary	divere.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 110
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY YES NO YES NO YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT NOME STREET, FACTORY, OFFICE, FARM ETC.) 21l LOCATION STREET CIT	206. IF YES, WERE FINDINGS USED
1 9 NC	IN CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
(IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY  21l LOCATION	
- WOLANIE NOLANIE	Y OR TOWN COUNTY STATE
220 I certify that (I) (this hospital) attended the deceased from AUGUST 18 , 19 95 , to August 18	25 19 85 that (It (we) last
saw the deceared alive on August 25 19 85, and that in (my) (aur) apinian death accurred on above, (I) (we (ridid) (did not) view the body after death.	
22b. SIGNATURE DEGREE	22¢ DATE SIGNED
ATTENDING MEDICAL PHYSICIAN DIRECTOR P	STAFF HYSICIANIAT 8/25/05
72M PHYSICIAN NAMI INFLORMENT 220 ADDRESS	Misichita 1
John Traant 3001 S. Harover	St Nalt man MB
236 BURIAL CREMATION, REMOVAL 225 DATE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATIO	N The state of the
BORIAL 8-29-85 HOLV ROSARY CEM. CITYORIC	BALTO . CO . MB.
24 FUNERAL DIRECTOR 250 DAJE, REC.D. BY REGIS	TRAR 256 REGISTRAR'S SIGNATURE
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3000 E. Baltimore St. : Malto., Md. 21224

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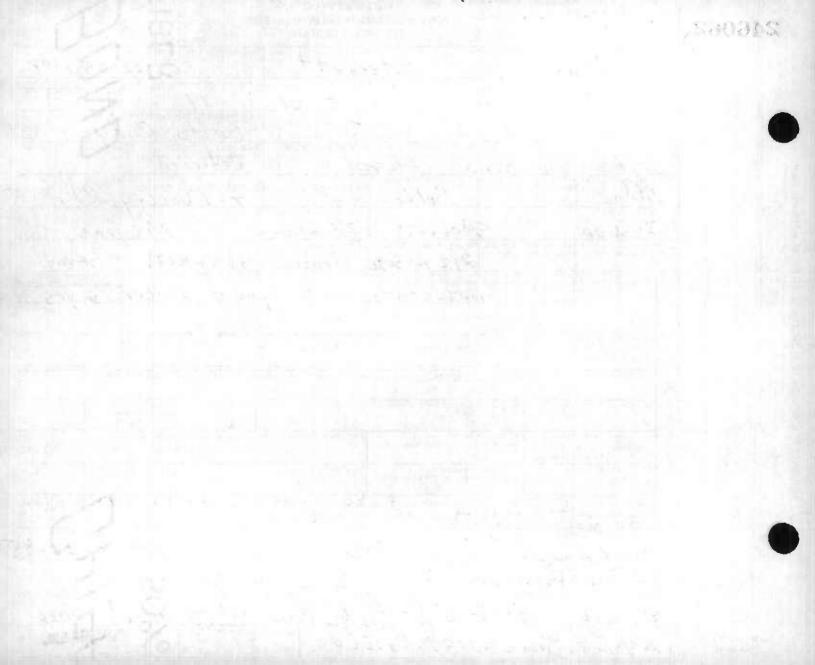
DIVISION OF VITAL RECORDS,

DHMH - 16 50M 4/82

(VRA 15, 4)

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deol	3. SE		1 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
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24 3	10.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS
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offer of the state	1	AT WORK NOT WHILE				
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A H H S	100	sow the deceased alive on	8-22-8	0.0	death occurred on the date and hou	ur and fram the couses state
a d fe		oboye, (I) fire (dig) (did no	t) view the bodysafter death.	DEGREE		22c DATE SIGNED
Che Dep			41-	ATTENDING	MEDICAL STAFF	M. DATE SIGNED
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	236. 1	BURIAL, CREMATION, REMOVAL	JAH 11	SAME OF CEMETERS OF CHEMATORY	23d LOCATION	COUNTY ALSTAN
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MH - 16 50M 4/83	24/F/	INERAL DIRECTOR / 11	1 1666	1. De 1 A 0 254 PM	E REC'D BY REGISTRAR 256 REGIS	TRANS SIGNATURE
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ge 4 mo ector, po irs ofter c	3. SE	FEMALE	CAME CASIA.		OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN
deoth. Pour 72 hour 72 hou		RTHPLACE (STATE OR FOREIGN DUNTRY)  New York	76 CITIZEN OF WHAT	MARE	IED STIEVER MARRIED []	BALTIMORE CITY O	R COUNTY OF		MD
ofter of the fi		ALTIMORE		TAL, NURSING HOM TY, GIVE STREET, ADDRESS)	OR OTHER INSTITUTION	12g. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE)	126. KIND OI INDUSTRY	F BUSINESS OR
AND 212	USU. 13a S	AL RESIDENCE (IF NURSING HOMESTATE	E OR OTHER INSTITUTION, GIVE REDUNTY	SIDENCE BEFORE ADMISSION ITY OR TOWN	13d INSIDE CITY LIMITS? YEXXX NO [	13e STREET ADDRESS	Balto 5027	Being.	#21289 CLIFT PO
MARYL metely and 2 sk	14. FA	THER'S NAME FIRST Harry	WIDDLE	last Vauss	15. MOTHER'S MAIDEN NA FIRST Ethel	AME MIDDLE		Hug	hes
BALTIMORE, MARYLAND 2120  Be executed within 24 hours  common to though tilled in by open medical examiner myst be not in, the medical examiner myst be not		VAS DECEASED EVER IN U.S. (IF YES, NO OR UNKNOWN) (IF YES, I	ARMED FORCES? 16b S	0CIAL SECURITY NO	Donald H.S	Worcester Stevens		Balto 21204	.,Md.
: = = = 0		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU IMMED	IATE CAUSE (o)	ROPPULM	ONARY APRE	<i>े</i>		BETWEEN O	MATE INTERVAL DNSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death earth of the this certificate has been signed by the attention of the burol-tronsit permit. Then plant the and Mental Hygiene prior to be intelligent the control of the		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	1b)	CONSEQUENCE OF					
RDS, 201 equirent to signer to be ma injury, or	NOI	PART 2. OTHER SIGNIFICAN	/	BUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	
AL RECO	CERTIFICATION	S/12/85		FOR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY?  YES NO	206. IF YES, WIN CERTIFYIN	VERE FINDIN	OF DEATH?
I OF VITA  SICIAN: T g physici certificate riol-trons ental Hyg tem 18 sh		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. A	JRY MONTH DAY YEA 19		RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2)	
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ATTENDIP spirol or CTOR: A for use of Health		220.1 certify that (IV this has saw the deceased alive above, (I) (we) (did) (did)	min and a line	19 85	and that in (my) (aur) apinian	death occurred on the de	, 19. ate and haur or		that (I) (we) last couses stated
TAL OR yy the horacle detoched obte Depti		22b. SIGNATURE				MEDICAL STAI		22c. DATE	22/CS
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store		JOHN /	VAIMON	/	220 ADDRESS	HOPKINS	HOSPIT	AC	
BP	(	SURIAL, CREMATION, REMOV SPECIFY)  Cremation			cemetery or crematory		Ba	lto.,	STATE Md.
DHMH - 16 50M 1/76 (VR A 15 (4) )	G .	Truman Schw		Belto.Na	t'l.Pike Al	IG 2. 8 1985	256 REGISTRAI	1	andere.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20 DATE KNOWN X MONTH LIYPE OR PRINT) M. DEATH MATED WITBUR STEVENS 85 19 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 20 DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 6:10 M DEAD Mar 13 1924 61 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Knoxville, MD U.S.A. WIDOWED DIVORCED Baltimore City D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore 21223 Iron Worker Bridge BldgCo 1317 W. Lombard St. UAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore YES X NO [] 1317 W. Lombard St. 21223 4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Harry Lee Stevens Carrie Mae Moss 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 21758 217-18-7920 Mary L Howser/PO Box 144/Knoxville MD WW-II Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO V 210 EXTERNAL CAUSE WAS 216. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Natural causes XX death resulted from Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNED 8-8-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Westview Crematorium Cremation 08/09/85 Catonsville, Maryland 21228 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Balto Md 21223 DHMH - 17 Walters Funeral Home/Pratt & Stricker Streets

(VR A15 ME (5))

			ITEM NUMBE	R 13ae PER.	PH. CASTAT	OF MARYLAND			
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ctor. p		3 SE	Male	Black	5. DATE (		6 AGE (IN YEARS LAST	YRS I WONTHS	DAYS HOURS MIN.
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s offer	3/	in Ci	Baltimore	1). NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	ESTREET ADDRESS	Pita)	170 USUAL OCCUP		KIND OF BUSINESS OR DUSTRY
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e low n. nos be	1/2	FICA	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH?
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OR A POS A POS PIREC	He H		226. SIGNATURE -	view the body after death.	THE	DEGREE		22	C. DATE SIGNED
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TO HOSPITAL or retained by the TO FUNERAL the should be deto	9		GloRIA	tuenles		Mercy H.	201 Sqinl	Yau/st	21202
, e L 18 8	2	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION	COUN	ATY STATE
BP	-	1	Removal	8/1/85					
DHMH - 16 60A	A 7/84	24 FL	INERAL DIRECTOR	ADD	DRESS	- A 463	DATE REC'D. BY REGISTR	AR 256. REGISTRAR'S	SIGNATURE
(VRA 15, 4	4)		Anatomy Bo	ard	Balto.	, Md. AUG	U. 1900	Filia Daydson	-Randalls

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

#### STATE OF MARYLAND

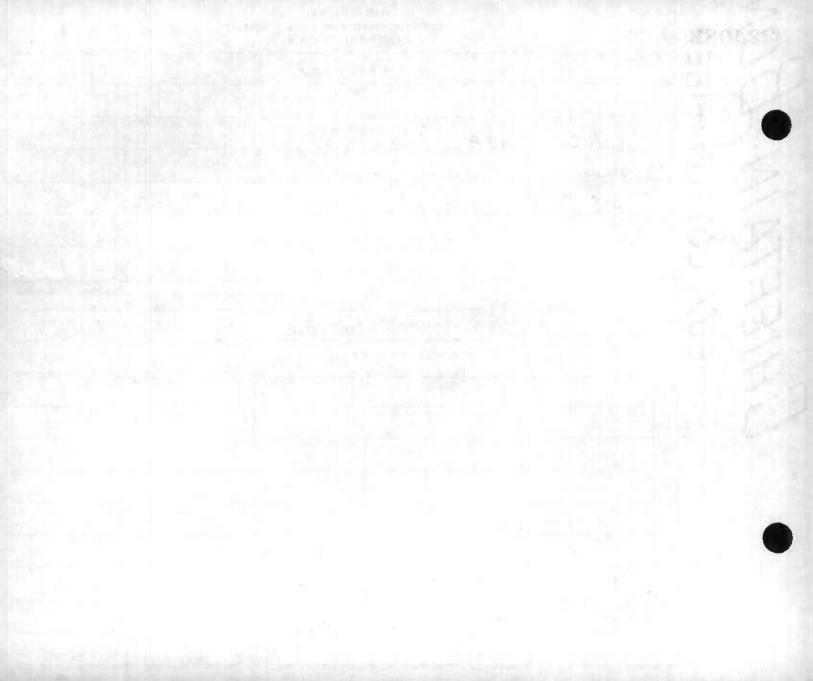
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1 -	REGISTRAR		CERTIF	ICATE OF DEAT	H	REG. N	O					
		CEASED NAME PIRST	WINDOLE	57	EWART	20	DATE OF DEATH	8 9	F PJ	6:10.Am			
	3 SE	F	4 RACE B	S. DATE C	DAY Y	EAR 6.	AGE (IN YEARS LAST BIR	THDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.			
0	(	N.C.	76 CITIZEN OF WHAT COUP	MARRIE WIDOWE	D PNEVER MARRI	IED ,	Baltimore city o	nore	City	MD.			
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5	130.5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ITY I3c. CITY OF		138. INSIDE CITY LI		STREET ADDRESS	ZIP CODE	dyear	21217 St.			
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		18 CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c) CAROL - RESPIRATORY FAILURS  IMMEDIATE CAUSE (a)  DUE TO OR AS A CONSCIUNICE OF ALL A TORY											
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	1	Carein	ma	of Col	ori	71	louthy.			
	NOI	PART 2 OTHER SIGNIFICANT C	VEN IN PART 110	3									
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES				
9	MEDICAL CE	ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA  LIF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONT	H DAY YEAR		OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 F	PART   OR PART 2)				
	MED	WHILE OCCURRED  WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, C	OFFICE, FARM, ETC.)	21f LOCATION STREET	77	CITY OF TO	wn lo	COUNTY	STATE			
		27a.1 certify that 1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not 27b. SIGNATURE	27c. DATE	(									
1		22d. PHYSICIAN'S NAME ITYPE OF	MED R. GA	FERA	27/7 H	AMAI	MEDICAL STAF	Ry K	O. Bon.	-MB.			
		Burial, Cremation, Removal	23b. DATE 8/8/85		ion Cem.	ATORY	Landsdo	wn, N	Md.	STATE			
•		UNERAL DIRECTOR NAME WM C March F/		E. Nort	S HALL	250. DATE RE	EC'D, BY REGISTRAR	25b. REGIST	RAR'S SIGNAT				

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

MPORTANT: If them 21 is marked at them 18 shaws any injury, at ather traumatic event, the



239007 CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS STITCHTENOTH WILLIAM 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY WHITE BIRTHPLACE | STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 11.S.A ALTIMORE WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION UNIVERSITY OF MALY OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE COCKE SVILLE 13d. INSIDE CITY LIMITS? MT NOT IL FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LIF YES GIVE WAR OR DATES! 18 CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY-CALDIAC IMMEDIATE CAUSE (0) DUE TO, OR ASA CONSEQUENCE OF LYMPHOBLASTIC LEUKAFMIA Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION CURDURAL HAFMATOMA 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? EVACUATION OF SURDINAL HAPMAND 08.01.85 NOF 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER P.M. 71d INJURY OCCURRED 71e PLACE OF INJURY 71f. LOCATION (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 1955 abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATUR DEGREE ATTENDING MEDICAL STAFF / cu FUNERAL PHYSICIAN TIDIRECTOR PHYSICIAN ld b U.M.C.C 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

- STATE

26 HOUR 18/5 IF UNDER 1 YEAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

126. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) INDUSTRY COVERNMENT

13e STREET ADDRESS / ZIP CODE 21030 10624 ANGLOHILLED

MINUTE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [ NO [

COUNTY

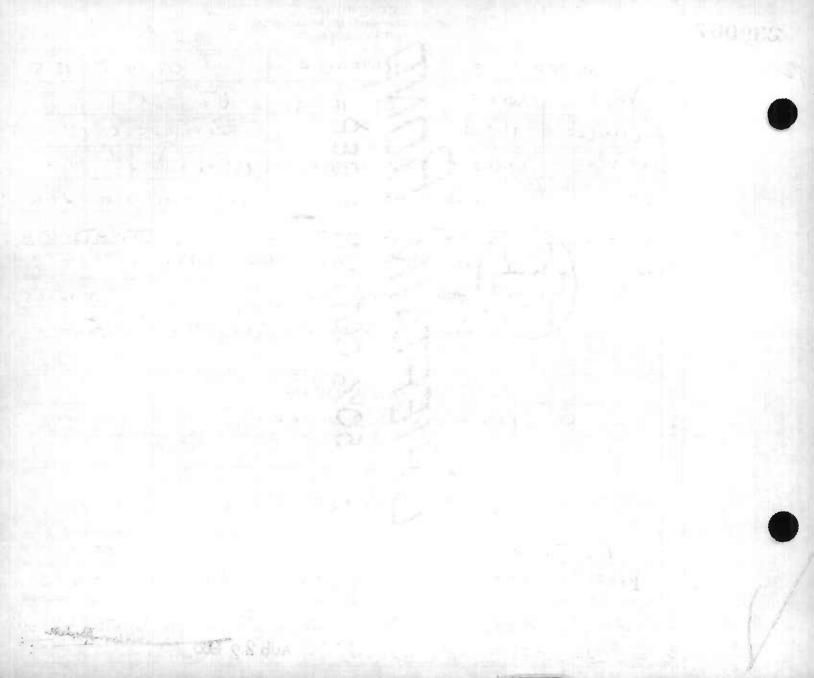
and that in (my) (aur) opinion death accurred an the date and have and from the causes stated

ARKWOOD ESC

22c. DATE SIGNED

STATE

22 ITH CREENEST, GALTO



in by the funeral director, page 3 se filed within 72 hours offer death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND

2 2 5

	FOR STATE REGISTRAR	DEPA		ALTH AND MENTAL HYG	REG. N	2 2	6 9	3
L	DECEASED NAME TYPE OR PRINT)  JOUR E  SEX	May VV.	Stic S. DATE OF	Kler	20 DATE OF DEATH	MONTH DAY  18  RTHDAY) IF C	85	2b HOUR 6 PM IF UNDER 24 HRS
	Female	white	MONTH	13 42	42	YRS.	THS DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED , WIDOWED		9. BALTIMORE CITY C	OR COUNTY OF	CITY	MD.
	Baltimore SUAL RESIDENCE (IF NURSING FIOME O	11. NAME OF HOSPITAL, NUM	and Hosp	itai	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Secretar		126. KIND OF	BUSINESS OR
1	W.Va. Jeff	NTY Son Kearne	ysville	3d. INSIDE CITY LIMITS? YES NO 🛣	Rt. 2, Box	ZIP CODE	99	1999
	TONW	MIDDLE WAST	olf	S. MOTHER'S MAIDEN NA.	MIDDLE		Mu	RRY
16	(IF YES, GI	W. W. D. O. D. L. S. C.		Joel A. Stic	kler Kear	Rt. 2, neysvil	Box 18 le, W.	Va.25430
7	PART I. DE ATH WAS CAUSE	nly one couse per line for (a), (b) ED BY: TE CAUSE (a)	epsis				BETWEEN ON	ATE INTERVAL NSET AND DEATH
	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSE	QUENCE OF PU	CHONARY FL	HULTINE ORI		HONT	Hs
	couse (o), storing the underlying couse lost.	DUE TO, OR AS A CONSE	- 1- 1	LE ACCIDENT	HULTING OFF	SHIPEDIC S	HON	THS
3	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
TO THE PARTY OF TH	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?		VERE FINDING NG CAUSES C	
		HOUR A.M. MONTH	DAY YEAR	Driver of a				
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFI	ICE FARM, ETC )	t. 15 w. of	Secondar I		COUNTY Leestow	vn, W.VA
	sow the deceased alive on	ot) view the body ofter death	6.0	that in (my) (of look)	www.	PRINCE EXAMINE	Man co	of (II (we) last ouses stated
	The SIGNATURE HULL	uly 4D		GREE ATTENDING PHYSICIAN	MEDICAL STA	0 /	THE DATES!	S/SC
	228. PHYSICHAN'S NAME (TYPE C	WIEL JR M.	7.	HICHSS	22 51.6 Rec	NE ST	84	V. HD.

DHMH - 16 60M 7/84

should be detoched for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to buriol, MPORTANT: If them 21 is marked or Item. 18 staws any injury, or o TO FUNERAL DIRECTOR. After this certificate has been

> Burlai

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Pleasant View Mem. Martinsburg

W. Va. Berk".

Aug. 21,1985 Pleasant Vlew Mem. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4)

,0039 multipered their days of the source of the contract of the con

.V. Juliana ne rayarilles x .v. z

Car Mass udrial aus. 7, Sudmassent viru eta. Bentiraburg nerk. H.VS.

FOR

- STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR			REG. NO.	
1. DECEASED NAME (TYPE OR PRINT) Jessie	M. Stipe	AST	20 DATE 8/10/85	DAY YEAR 152:00 PM
Jessit			AUG-10, 1983	5 12 PM
1.SEX 4	RACE S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	MONTH			MONTHS DAYS HOURS MIN.
Female	White JAN	V 27 1906	7 9 YRS	
70. BIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
Virginia	V S WIDOWE	DIVORCED [	Boltin	DORA CLAY MD.
10. CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
Boltimore City	South Bultimore G	eneral Husp	Housewife	-
USUAL RESIDENCE (IF NURSING HOME OF OTE	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)			
13a STATE 13h COUNTY			13e.STREET ADDRESS / ZIP CO	
Marian =-	Balto.	YES NO	201 N. Broad	way, 21231
14 FATHER'S NAME FIRST MID	DOLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
1	IASI	FIRST		(ASI
UNKNOWN	D CORCEGO IVI COCINI SECURITY NO		ADDRESS	
160 WAS DECEASED EVER IN U.S. ARME		17. INFORMANT	ADDRESS	
NG	216-12-820	Gloria Sti	ipe,3831Proct	or Lane 21236
				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED B	one couse per line for (o), (b), and (c).			BETWEEN ONSET AND DEATH
IMMEDIATE (	CAUSE (0) Con Que one Inc	es enougher	242.	12 /-
	DUE TO, OR AS A CONSEQUENCE OF	00	0	
6 19 4	// 5 /			The state of the s
Conditions, if ony, which gove rise to immediate	( 1b) HSCVTOS			
couse (o), stoting the	DUE TO, OR AS A CONSEQUENCE OF	1	1	
underlying couse lost.	( Carcinoma	tosis ab	lang one	
DART 2 OTHER CICALIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT		INAL DISEASE OF CONDITIONS	CIVENTINI DART VI
	NOTITIONS CONTRIBUTING TO DEATH BUT	NOT RECATED TO THE TERM	HIVAL DISEASE OR CONDITION C	SIVEN IN PART 110
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
DATE OF OPERATION	178 CONDITION TOR WINCH OF ERATIO	WAS I EN ORMED		TIFYING CAUSES OF DEATH?
#			YES NO	YES NO
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 1	8 PART   OR PART 2)
OR COLUMNIC COLUMN OF OR ARLES	HOUR A.M. MONTH DAY YEAR			
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
OR CONTRIBUTING CAUSE OF BEATH	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	(AT HOME STREET FACTORY, OFFICE FARM ETC.)	SIMEET	CITORIOWN	STATE
AT WORK AT WORK	ottended the deceased from J. 11 Y	23 19.85	10 AUG 10	, 19 8 5, that (I) (we) lost
The state of the s				
sow the deceosed alive on obove, (1) (we) (did) (did not) v	view the body after death.	na mor in (my) (our) opinion i	death accurred on the date and h	our one from the couses stoted
22b. SIGNATURE		DEGREE		22c. DATE SIGNED
11 00 00	and man	ATTENDING	MEDICAL STAFF	0
Hawa Blue	mu mu	PHYSICIAN _	DIRECTOR PHYSICIAN	Mug 10/965
22d. PHYSICIAN'S NAME (TYPE OR PE	RINT)	22e ADDRESS		
HARDLD RIV.	mEndled mp	13001 S +	HANDVER S	+ Boltimore mass
510	menthal me		Test togethor	DOI PLANT IT IT

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

74 FUNERAL DIRECTOR
Schrimunek Funeral
9705 Belair Road

(SPECIFY)

Burial

Home OPRESSING.

8/14/85

Western Cemetery Balto., Md.

| 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 21236

AUG 1 3 1985

CITY OR TOWN

Balto., Md.

STATE

COUNTY

TO LIFE TO SEE THE SECOND OF T

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😂

2209

1	FOR STATE	DEP		EALTH AND MENT	M	(F) 240 (C) 400	0 9	5	
1	REGISTRAR DECEASED NAME FIRST	WIDDLE		LAST	20 DATE	REG. NO.	DAY YEAR	26 HOUR	
	TYPE OR PRINT)						4.00-	a	
2	SEX	L FREDE	RICK IS. DATE (	STISSE		ugust 16,	1985	11:00 M	
3			MONT		AR AGE	IN TEARS LAST BIRTITUAT	MONTHS DATS	HOURS MIN.	
	Male	White	Jan	. 18 190		78 YRS			
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D MEVER MARRI	ED L	MORE CITY OR COUN			
	Maryland	U. S.A.	WIDOW			altimore (		MD.	
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE:		OR OTHER INSTITUTE		AL OCCUPATION VORK FOR MOST OF WORKING	126. KIND C	OF BUSINESS OR	
	Baltimore	Roland Park			E	Executive	Insu	rance	
13	SUAL RESIDENCE (IF NURSING HOME OR 13b. COUN			1134 INSIDE CITY LIA	MITS? 13e STREE	T ADDRESS / ZIP CO	DDE		
	MD	Ba	ltimore	YES 🔀 NO		W. 40th		211	
14	FATHER'S NAME	MIDDLE LAS	T	15 MOTHER'S MAIL	DEN NAME	WIDDLE	1.45	5.7	
X	Charles	J. Stiss		Louise	9		Hunder	rtmark	
16	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS	a central		
	No No	092-0	1-8544	AMrs. Ca	arl F. S	stissel,	Sam	ne	
F	18 CAUSE OF DEATH (Enter on	ily one cause per line for (a), (t	bi, and ic ,i	2 1			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
1	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)		archae	anest		MI	rutes	
		DUE TO, OR AS A CONS	SEQUENCE OF					4	
Conditions, if ony, which (b) METASTATIC COLON Capille Mos									
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS							
	underlying cause last.	(c)							
1.	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART I	0	
3	19 19 10 10 10 10 10 10 10 10 10 10 10 10 10			No. of the last					
2 3	S I'm DIT FINANTION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AL		YES, WERE FINDI		
18	811/85	Cancer	of Ca	con	YES	- 1	YES 🗌	№ □	
	OR CONTRIBUTION CAUSE OF DE		DAY YEAR	21c HOW INJURY	OCCURRED (ENTER	R NATURE OF INJURY IN ITEM I	18 PART I OR PART 2)		
13	LIF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19						
1 9	THE FITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE FARM ETC )	211 LOCATION		CITY OR TOWN	COUNTY	STATE	
1	WHILE NOT WHILE AT WORK		47	You	0	911	00		
	22a. I certify that (this hospi		CHE	19.	85 , to_	8-16		that (I) we lost	
	saw the deceased alive on above (fliwe) add and a	I was the body after death.	19 8 3 , 0		opinion death accu	erred on the date and h			
ı	226 SIGNAPARE	1		DEGREE	NING PERIO	AL CTAFF	22c. DATE		
	They /	U Maou			DING MEDICA	AL STAFF OR PHYSICIAN	8-1	16-85.	
	274. PHYSICIAN'S NAME THE C	of Philosophia		ADDRESS					
L	Dr. Philip H	. Moore, ME	)	3925 Be	ech Aver	nue, Balto	., MD	21211	
23	Be. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	EMETERY OR CREMA		CATION CITY OR TOWN	COUNTY	STATE	
	Cremation	8-17-85	Gree	n Mount	E	Balto.,		MD	
24	FUNERAL DIRECTOR Henr	y W. Jenkins	& Son	s Co.		Y REGISTRAR 255. REG	Auffin	URE	
4	4905 York Road				AUG 1 9	1985 Julie	Davidson-A	Albana .	

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Hem 18 shows any

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point is as in a thomas in the control of the contr encantal syldenes Seattment is the W. 400n St., 21211 Chirles . . Stiscell Louise Huxdenburgh ces of which were a first . I feet to eso the contract the start the started See that the second section is the second section of the second section sectin

Ly. Philip M. Noore, Act 1911 Easth Avenue, 1915., Nel Et 111

poge 3

STATE UT MAKTLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

	2	REG.	NO.	2	5	7	Ó
a	DATE OF	DEATH	MONTH		DAY	YEAR	26. HOUR
			0	10	1	005	

	REGISTRAR							R	EG. NO.				100	
	ECEASED NAME	FIRST		MIDDLE	-	LAST		2a DATE OF DEA	ATH MO	NTH I	DAY	YEAR	26. HO	JR
(1.17	CONTRINT	Chris	stine	Μ.	Sto	okes			8	3 10	19	985		М
3. SE	X	4.	RACE		5 DATE O			6 AGE (IN YEARS	LAST BIRTHDA		IF UNDER	DAYS	IF UNDER	
	Female		Blac	k	M8NT	15	37	47		YRS	NONTHS	DATS	HOURS	MIN.
7a. B	BIRTHPLACE (STATE O	R FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	D NEVER	HARRIED []	9 BALTIMORE	CITY OR C	OUNTY	OF DE	ATH		
	S.C.		U	SA	WIDOWE		MARKIED I	Baltim	ore	cit	y		1	MD
10 0	ITY OR TOWN OF D	EATH 1		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		OR OTHER INS	TITUTION	12e USUAL OCC				KIND O	F BUSIN	ESS OR
	altimore		2205	Barcla	y_St	reet								
	STATE	ISING HOME OR O		GIVE RESIDENCE BEFORE		1 13d. INSIDE	ITY HMITS?	13e.STREET ADD	RESS / 7	IP CODE				
	Md	-		Baltimo		YES [	NO 🗌	2205 Ba				2121	8	
14. E	ATHER'S NAME					15. MOTHER	S MAIDEN NA	ME	,					
	FIRST Telep	MI	DDLE	Isaac		N.4	FIRST	MI	3JGGI			t AS1	T	
140	John WAS DECEASED EVE	PINIIS ARA	ED EORCES?	16b SOCIAL SECU	PITY NO	17 INFORM	able		ADDRESS		lisc	)n		
	(YES, NO OR UNKNOWN)		WAR OR DATES)	Tour Social Seco	KII 1 110.	17 11 11 0 11 71	3,41							
	No			1212-34-0	119_	Mable	Isaac	2205 Bar	clay	St				
	II CAUSE OF DEA	ATH (Enter only	one couse per	ling for (a), (b), and	d (cs.)	~	0	,			BE	APPROXI	IMATE INTE	RVAL D DEATH_
	PART I. DEATH	WAS CAUSED IMMEDIATE		Carcer	1000	1V2	241	esolum DU	1			6	m	21
-	PART 2. OTHER SK		ONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATE	O TO THE TERM	AINAL DISEASE OF	RCONDIT	ION GIV	ENINP	ART III	D.	
CERTIFICATION	19a DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY		Ob. IF YES				
E								YES NO		CERTIF YES	S 🔲	AUSES	OF DEA	
	OR CONTRIBUTING	CAUSE OF DEATH	'	M. MONTH DA		21c. HOW II	NJURY OCCUR	RED (ENTER NATURE	OF INJURY IN	ITEM 18 P.	ART I OR P	PART 2}		
MEDICAL	214, INJURY OCCU			M. OF INJURY	19	21f. LOCATI	ON							
MEI	WHILE   NOT	WHILE VORK		REET, FACTORY, OFFICE, F	ARM ETC )	STREE		CIT	TY OR TOWN		COU	UNTY		STATE
	220.1 certify that	(I) (this haspita	l) attended th	ne deceased from_									that (I) (	
	saw the deced above, (I) (we)	ased alive on _ ) (did) (did not)	view the body	ofter death.		nd that in (my	(our) opinion	death occurred an	the date	and have	r and fre	om the	couses st	ated
	226. SIGNATURE		. 0			DEGREE		/			220	. DATE	SIGNED	
	18 New	14,1	1. Ven	n min	100		ATTENDING PHYSICIAN [	MEDICAL DIRECTOR   F	STAFF	VΠ	1	2-1	2-2	6
1	224 PHYSICIAN'S	NAME ITYPE OR	PRINT)	1		22e ADDRE			TOTOTAL		1 6	_ '		*
	BURIAL, CREMATION	N, REMOVAL	23b. DATE			EMETERY OR		23d LOCATIO			COUNT	Ty.		STATE
	Büfial		8/15/	85   B	altim	ore Ce	n.	Balt	imore	9	00141		MD	,

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
William C. March F/H 1101 E. North Ave

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👆

9 [	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0.		
1. D	PECEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR	2h HOUR
1	Fred			Stover	August 24	1985		7:30
	SEX	4. RACE	5. DATE (	DF BIRTH H _ DAY _ YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	HS DAYS	HOURS MU
2/	Male	White	Dec		50	YRS.		
70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	
2 k	lest Virginia	U.S.A.	WIDOW		Baltimo	re City		,
9 10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILIT	TY. GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		26. KIND OF NDUSTRY	BUSINESS C
-	Baltimore	South Ba	Itimore Ge	neral Hosp.	Sales		Retai	1
130		DUNTY 13c. CI	idence before admission) ITY OR TOWN ITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 238 Chale	zip code et Cir.	E 21	108
2019	FATHER'S NAME	WIDDIE	ŁAST	15. MOTHER'S MAIDEN NA	AME	1 10	LAST	
CY	Howard		over	Maudie	Belle		Jarre	11
6 160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SC	OCIAL SECURITY NO.	17. INFORMANT	ADDRI	SS		
4	no	52	4-48-7318	Rosemary C	Stover san	ne as 13		
	18 CAUSE OF DEATH (Ente	r anly one cause per line far	r (a), (b), and (c).)				APPROXIM BETWEEN O	ATE INTERVAL
	PART I. DEATH WAS CAL	USED BY: DIATE CAUSE (a)	ARDIAC 1	ARREST		18.7		
CERTIFICATION			BUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, WI	ERE FINDING	GS USED
/ I					YES NO	IN CERTIFYING		NO [
		DEATH HOUR A.M. M	NONTH DAY YEAR 19		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACT	URY TORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
	220 I certify that (I) (this he	1/2-1	asca main_	111185 , 19 85	, ta	6/20, 19_		nat (I) (we) l
-1.		nat) view the body after d		nd that in (my) (aur) opinion	death accurred an the d	ate and haur an		
	226 SIGNATURE Ale	on au	د م		MEDICAL STA	FF	22c. DATE S	IGNED
$\Lambda$	22d. PHYSICIAN'S NAME (IN		. 0	22e ADDRESS				
/	ALPANA	GOSWAM	11	200 Hospit	tal Dr. Glen	Burnie	MD. 2	21061
230	BURIAL, CREMATION, REMOV	AL 236. DATE	23c NAME OF	EMETERY OR CREMATORY	23d LOCATION	***	DUNTY	STATE
	Burial	28 Aug. 8	85 Glen Ha	ven Mem. Pk.	Glen Bur	nie A.	Α.	MD
	FUNERAL DIRECTOR			250 DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR	'S SIGNATU	RF. use

DHMH - 16 50M 4/83 (VRA 15, 4)

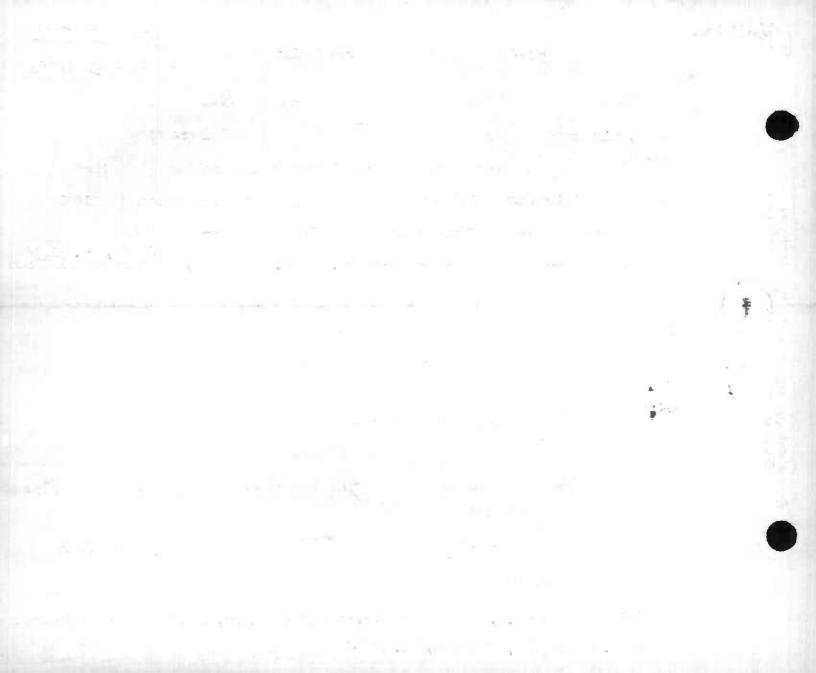
James S. Kirkley Glen Burnie MD

AUG 2 7 1985



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME FIRST Arnold MIDGLE Reuben PE OR PRINT 1256 ARMOLD 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH VEAR O3 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Oster, Minnesota USA WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Baltimore (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Comptroller Francis Scott Key Medical Center Meat USUAL RESIDENCE (IF NURSING 13e STREET ADDRESS / ZIP CODE Salisbury 13d INSIDE CITY LIMITS? Wicomico 21801 Maryland 519 Park Avenue FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Strandquist Johnson Peter Emma 501-01-5631-A Mrs. Jean S. Patterson, 207 Charter Oak Place 160. WAS DECEASED EVER IN U.S. ARMED FORCES? no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Cardiac arrest IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Resperator Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last 30% TBSA Burn PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Trail 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 08.01.85 30% TBSA NO 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Flame LIF EITHER NOTIFY MEDICAL EXAMINER 211. LOCATION COUNTY NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an 28 19. abave, (1) (we) (did) (did not) view the bady after death 27b. SIGNATURE 08.2885 MEDICAL DIRECTOR HYSICIAN 22e ADDRESS FSKMC 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial Sept.2,1985 Wright Minnesota Oster Covenant Ch Cemetery, Oster 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B3 Howard K. McComas III, Abingdon, Md. 21009

(VRA 15, 4)



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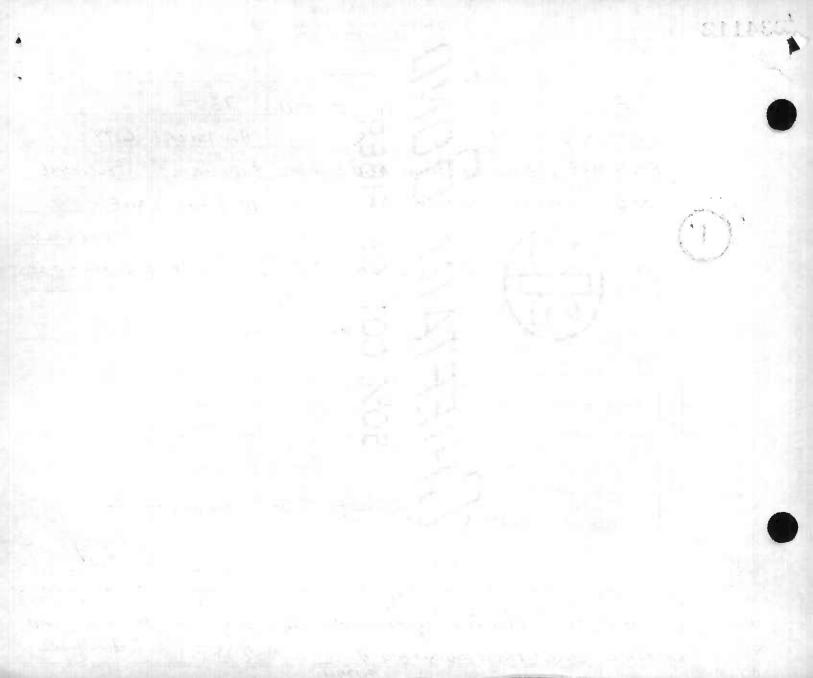
				STATE OF MARTEAND	d A			
4112	11.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		22599		
		REGISTRAR		CERTIFICATE OF DEATH	REG. N	IO.		
/		CEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR 26 HOUR		
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11 871	III C	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURS         (IF NOT IN SUCH FACILITY, GIVE STRI     </li> </ol>	SING HOME OR OTHER INSTITUTIO		TON 126 KIND OF BUSINESS C OF WORKING LIFE) INDUSTRY		
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The injurie	Ó							
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nos nos me per	三三				V55 C 115 C	IN CERTIFYING CAUSES OF DEATH?		
Cio	- E		Table Titles OF Not Helder		YES NO	YES NO		
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orto of H of H	1	sow the deceased alive on	August 19 19	95 and that in (my) (our) or	inion death occurred on the d	ate and hour and from the couses stated		
SEC ed pt.		17h Signature	wew the body offer death.	DEGREE		22c. DATE SIGNED		
T He Del		16001	Ma Quel	A ATTEND	NG _ MEDICAL _ STA	FF 9/19/25		
NERAL NERAL be deto e Stote		george	- NOW	PHYSICI	AN DIRECTOR PHYSIC	CIAN [ 8/18/3)		
TAP TAP		124 PHYSICIANS NAME TYPE OR	PRINT)	22e. ADDRESS CF	urch Hospit	al / 21231		
OR THE		Dr & Con	rgo Thomas M		_			
retained by the TO FUNERAL should be det with the State	00		rge Thomas M			Baltimore, Maryla		
		BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMAT	CITY OF TOWN	COUNTY STATE		
BP		BURIAL	8/22/85 1	MEADOWRIDGE DE	PK ELKRIDE			
DF	1							

DHMH - 16 60M 7/B4 (VRA 15, 4)

JOSEPH L. CANBY 12590 INDIAN HILL DILLE

217011

AUG 20 1985 Julia Beridson Andere



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR 3.04 TYPE OR PRINTS 85 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 52 EMALE 7a BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY USA MARYLAND WIDOWEDIXX DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HOUSEWIFE AT HOME JUSUAL RESIDENCE (IF NURS ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE STORES KZHITSDE AVE. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE FIRST UNKNOWN NOMA MORRIS RIFKIN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MARVIN ANSHELLS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SHERATON RD. RANDALLSTOWN. 218-03-9016 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause porting for (a), (b), and ic. PART I. DEATH WAS CAUSED BYrespiratore IMMEDIATE CAUSE to cascinoma Canditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY 710. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a. | certify that (1) (his hospital ttended the deceosed from and that in (my) (our) pinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the Stote [ PHYSICIAN DIRECTOR PHYSICIA MPORTANT: 22e\_ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL BALTIMORE SEPT. 1,198\$ GREATER BALTO. BURIAL LODGE LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR SOL DHMH - 16 50M 4/83 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO., MD 21215

DIVISION OF

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TIMORE, MARYLAND 21201	be executed from the four softer death. Page 4 mer as	on and carroll the filter in by the funeral director, page 3 8. Pages — 42.2 bound to filed within 72 hours offer dietall
2	e Q	S. P.

DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST., BAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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han	Ca :	1	U	-

	000	REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO			
		CEASED NAME FINTI	LLIAM MIDDLE BRO	WN _ '	SULLIVA	N. SR		HINON	DAY YEAR	Th HOUR
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	3 SE)	X	4. RACE	5 DATE O			AGE LIN YEARS LAST BIRT	DAY)		IF UNDER 24 HRS
		Male	Black	7	7 30	.R	55	YRS.	MONTHS DAYS	HOURS MIN.
50		RIMPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIE	9	BALTIMORE CITY OF	COUNT	Y OF DEATH	
9		aryland	U.S.A.	WIDOWE			BALTIMOR	E CI	TY,	MD.
1	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTITUTIO		TO USUAL OCCUPATION TYPE OF WORK FOR MOST OF			BUSINESSOR
0	-	ALTIMORE	LUTHERAN H	OSPITA	L		TIPE OF WORK FOR MOST OF	WOMEN TO L	II VOOSTRI	
100		AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		TOWN	13d. INSIDE CITY LIMI	ITS? 13	e.STREET ADDRESS /	ZIP COD	E	
2	-	ryland —	Balti	more	YESXX NO		909 Benne	ett	Place 2	21223
	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDE	ENNAME	WIDDLE		LAST	
8		Paul	Jenkin		Lill	ian			ullivan	1
7		VAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) (IF YES. GIV	E WAR OR DATES)	SECURITY NO.	17. INFORMANT		ADDRES			
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		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily one couse per line for (0), (b	1, on (C')	0+				BETWEEN ON	ATE INTERVAL
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7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	ZIC HOW INJURY O	CCURRED	ENTER NATURE OF INJUR	IN ITEM 18	PART I OR PART 2)	
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	MED	21d INJURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET, FACTORY OF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOY	N	COUNTY	STATE
		AT WORK AT WOR							85	
		220.1 certify that (1) this bound		7	, 19 , to , 19 , that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated					
	113	above, (N/we (did) (aid not 22b, SIGNATURE	ew the body after death.		DEGREE	onion ded	m occorred on the dd	e and not	122 DATE S	ioses stated
	100	711	1		ATTENDI	ING _	MEDICAL STAF	1	8/2	1/8/
		22d PHYSIC AN'S NAME LARGE O	OR PRINT)		PHYSICI 22e ADDRESS	IAN DE	DIRECTOR [ PHYSICI	AND	10/0	, - 0
1		the went	prisund		780	H84	buta:	it (	salte	une
	230 B	BURIAL, CREMATION, REMOVAL URIAL	23h DATE 8/31/85	Md. Nat	METERY OR CREMAT	n Pk	. Laurel		COUNTY MO	STATE
	24. F1	INFRAL DIRECTOR					EC'D BY DEGISTRAD			

DHMH - 16 60M 7/84 (VRA 15, 4)

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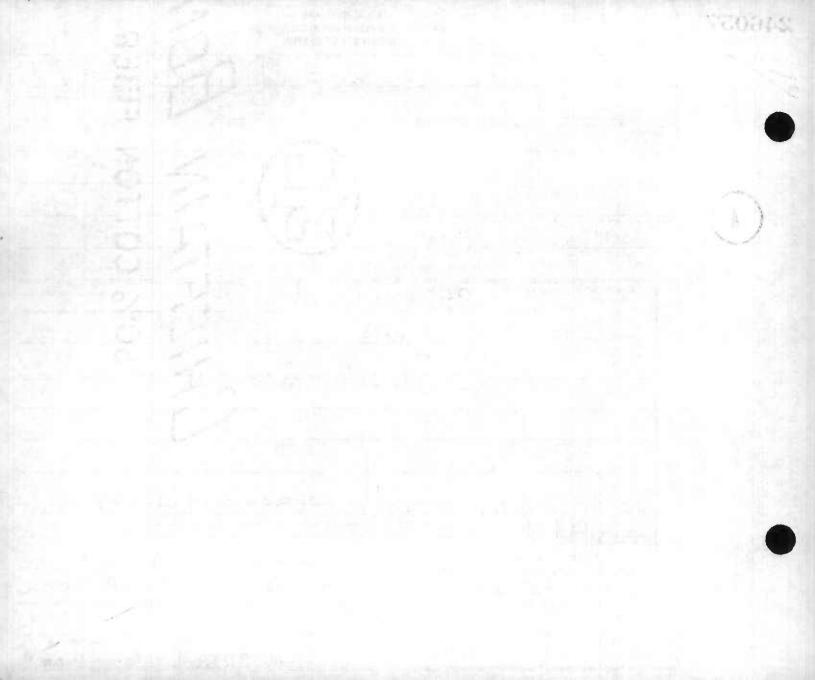
should be detached for use as the burial-transit permit. Then please remove carbangope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has bee

Wm C^MArch F/H Inc. 1101 NBs North Avenue

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injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

232087 1 - FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

221

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		pd.		
1. DECEASED NAME FIRST	MIODLE	i i	AST	20. DATE OF DEATH MONT	TH DAY YEAR	26 HOUR		
(TYPE OR PRINT) ALLEN	MMM	SYKES	JR	8	10 85	1:00 PM		
3. SEX	. RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY	) IF UNDER 1 YEAR	IF UNDER 24 HRS		
MALE	BLACK	мощ	2 22 1934	50	YRS DAYS	HOURS MIN.		
70. BIRTHPLACE (STATE ORFOREIGN 7	CITIZEN OF WHAT COUN		NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH			
NORTH CAROLINA	U.S.A.	WIDOWE		BALTIMORE C	ITY	MD.		
10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	IURSING HOME C		120 USUAL OCCUPATION		OF BUSINESS OR		
BALTIMORE	ST. AGNES HO			WELDER	PENN	CENTRAL		
USUAL RESIDENCE (IF NURSING HOME OR OF CO. 130 STATE 136 COUNT MARYLAND		E BEFORE ADMISSIONS TIMORE	13d INSIDE CITY LIMITS?	13e.SIREEI ADDRESS / ZIP 404 ALLENDA	LE STREET	21229		
ALLEN MALLEN	SYR	ES, SR.	IRMA FIRST	WIDDLE	BROW	4		
160 WAS DECEASED EVER IN U.S. ARM		SECURITY NO.	17 INFORMANT	ADDRESS	L Pall			
(YES NO OR UNKNOWN) (IF YES, GIVE	war or dates) 213-3	30-7082	GOLDIE M. SY	KES, 404 ALLE	NDALE STRE	EET		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  DIDITIONS CONTRIBUTION  196 CONDITION FOR W	SEQUENCE OF  G TO DEATH BUT  JUMPA	Tongue	Hyperten 1200 AUTOPSY? 1206	IF YES, WERE FINDIN	NGS USED		
RTIF			The state of the s	YES NO	CERTIFYING CAUSES YES	NO [		
	HOUR A.M. MONTH	H DAY YEAR	216. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN II	EM 18 PART I OR PART 2)			
OR CONTRIBUTING CAUSE OF DEAT  UF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION					
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saw the deceased olive on_	270 I certify that (I) (this hospital) attended the deceased from 7 (1 19 5 10 5 - 10 5 19 5 1), that (I) (we) lost saw the deceased alive on 5 19 5 19 5 10 19 5 10 19 5 10 19 5 10 19 5 10 19 19 19 19 19 19 19 19 19 19 19 19 19							
22b. SIGNATURE	karas		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE	SIGNED		
SAMBANDA	y BASKA	KAN	Baltimore	Molke	ny Av	e		
230. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
BURIAL	8/14/1985	ARBUTU	JS MEM. PARK	BALTIMORE				

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

2501 Gwynns Falls Parkway

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

AUG 1 5 1985 interiden Panese

- to abyed proposed to show the face

SSPITAL OF ATTENDING PHYSICIAN. The taw requires that the death centricate be executed within 24 palentings about 10 rd to the hospital as attending physician.	DNEALORECTOR, After this centificate has been agreed by the attention physician and completely filled in the function of the School of the Sch	
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH YEAR 2b. HOUR LTYPE OR PRINT DAVID SYKES 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS M BLACK YEAR 55 25 204 IN BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA CITY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMOLE LYTHERAN HUSPITAL OF MARY LAND SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION! 10 STATE 1136-COLINITY 13e.STREET ADDRESS / ZIP CODE 13t CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMOPE BALTIMORE 21229 410 Edge wood YES AT NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 231-36-5404 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far to), Ib), and ic PART I. DEATH WAS CAUSED BY a ratio pullu IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Chesco Vas wear Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO Alutter 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WORK -NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 19\_ and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF Mahoh PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Glen orage CT # c-3 Glenbyom M. MONDAA 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236 DATE Burial STATE

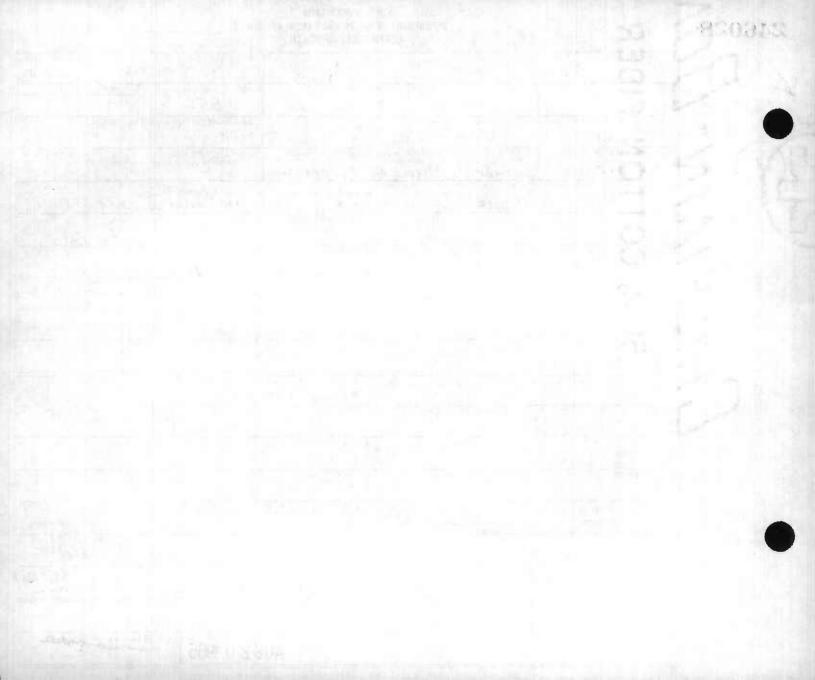
24 FUNERAL DIRECTOR DHMH - 16 60M 7/Ba Wm C. March F/H (VRA 15, 4).

4300 Wabash Ave

8/31/85

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE · william

Garden of Eternal Hope Westminister, Md.



				STATE OF MARYLAND	
0-			OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 9	A A
2.3%	2136		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 -1
			EASED NAME FIRST		DAY YEAR 25 HOUR
	F	(TYF	OR PRINT)	OF SCT! AA	ZB HOOK
	RECTOR. R FILES HOUNE STREET,		John	LEE Szimanski DEATH MATED 1 8-	13 1985 M
1	FIEASE FILEOR FILEOR STREET,	3 SE)	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS GOURS THE PRONOUNCED	PAY YEAR 2d HOUR 9:09
	OUR SAN		mu	10 15 78 LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 8-	13 1985 p. M
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	FOR YOU WITHIN 72		REIGN COUNTRY)	MARRIED   NEVER MARRIED	
	N S S S S S S S S S S S S S S S S S S S	_	MD.	widowed Divorced Baltimore City	
	오늘병원들	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   120. USUAL OCCUPATION (TYPE OF WORK   FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
	ALAES /	1 . 1	Baltimore /	Francis Scott Key Medical Center	OK INDUSTRY
	S S S S			OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS	21227
20	29K38	13a. S	ATE DUNT	13 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS	2/22 1
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A O	三世界等的的	PI B	THER'S NAME	MIDDLE LASTA IS. MOTHER'S MAIDEN NAME	LAST
wi l	EAT	V	TOHN E	. SZIMANSKI TO KARENI A	MIACLY
Q	200	Itia. V	AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	70.700
RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	Egrass 7	(A	S, NO, OR UNKNOWN) (IF YES, GIVE W		
Z Z	S PERS	_	NO .	12 10 101	
- 2	Se N = 1	1	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	24 HOU ITEM 18 LONG PERMIT PERMIT GIENE,	1/		CAUSE (a) Drowning	
5	2 E O E O E	1	9107	/ DUE TO, OR AS A CONSEQUENCE OF	
ES	EN TAIL		Canditions, if any, which		
	A A A A A A A A A A A A A A A A A A A		gave rise ta immediate	(b)	
\$	YECUTED WITHIN 24 HO NG" IN PENCIL IN 1TEM 1 ALE EXAMINER ALONG BURIAT - TRANSIT PERMI AND MENTAL HYGIENE. ANTION, OR REMOVAL.		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
. 20	BE EXECUTED SENDING. IN FAME OF AS A BURIAL AND MICH AND			(c)	
DS	A B B S G K		PART 2 OTNER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
0	PENDING SE EN PENDING SE MEDICAS A E HEALTH / L. CREM	Z			
RE	JANA AND T	CERTIFICATION	190. DATE OF OPERATION	199, CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
7	SAL SELECT	15.			
DIVISION OF VITAL	でいる からい 一	Ē			YES XX NO
0	CERTIFICATE TING THE W DED TO THE BEPARTMEN PRIOR TO B		210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR ACK MONTH DAY YEAR  216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PAR	17 2)
NO	SEOSES >	1 3	CONTRIBUTING CAUSE OF D		
1Si	EN STORY	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME. 211 LOCATION	
2	HIS CERTIFICATE SHOULD WRITING THE WORD "PER ARDED TO THE CHIEF M CGE 3 SHOULD BE USED A TIE DEPARTMENT OF HEAD AND PRIOR TO BURIAL, C	E	WHILE D NOT WHILE XX		INTY STATE
	I SAREK	1	AT WORK	10100	to.co., Ma.
	EXAMINER: THIS C CERTIFICATE, WRII UILD BE FORWARD DIRECTOR: PAGE WITH THE STATE OF WARYLAND (2) 201		220 I certify that I took charge	of the remains described above, held an Autopsy KX Inspection, Inquiry, and in my ap	inion
	<b>書品にはまる</b>		death resulted traffe: Natura	I couses A. Accident XX Suicide . Hamicide . Undetermined manner .	
			6/1	TITLE (SPECIFY)	
	X 3 3 5 5 8		ACTUAL / 1	A DALAN AND MARKET DATE	8-14-85
	SER SER	1	SIGNATURE LA COLOR	M.D. ASSISCATIC MEDICAL EXAMINER SIGNED	0 14 05
	NO N		EXAMINER'S NAME Donn	nis F. Smyth, M.D. 111 Penn St., Balto., Md	. 21201
	ADB FEE		(TYPE OR PRINT)DEIII	nis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., Md	. 21201
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUN TO FUNERAL D. AFTER DEATH, BALLIMORE, M.	23a.B	IRIAL, CREMATION, REMOVAL 23		TV CT-12
07/B4	BP	(	BURIAL 8	1 17/85 PARKWOOD COUNTY BALTO.	M STATE
25M		24. F	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SI	GNATURE.
	DHMH - 17	0	NAME ON INVESTIGATION	ADDRESS	on-Bordise
	(VR A15 ME (5))	1	CIVILLET P	UNEFAL HOME OF DUNDALLY ALIG 1 6 1985 1 TO MANGE	

A State of the sta

STATE OF MARYLAND

234 NAME OF CEMETERY OR CREMATORY

Glen Haven Mem. Park

DHMH - 16 60M 7/84 (VRA 15, 4)

Burgee-Henss Funeral Home 3631 Falls Rd 21211

07/30/85

23b. DATE

Jorge E. Ferrer, M.D.

230 BURIAL CREMATION, REMOVAL

Burial 24 FUNERAL DIRECTOR

c/o Maryland General Hospital

23d LOCATION

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Glen Burnie A.A. Co. Md.

22c. DATE SIGNED

07 - 28-85

COUNTY

2h HOUR

17h, KIND OF BUSINESS OR

NO [

STATE

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after a	3. SE	FEMALE	NE6R	20	5. DATE O		968	6 AGE IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
deoth. Page	7c. BI	RTHPLACE (STATE OR FOREIGN	US	WHAT COUNTRY?	WIDOWE		RCED 🔲	BALTIMORE CITY O	_		MD.
by the filled with		TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET	ADDRESS)		TION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		176. KIND OF INDUSTRY	BUSINESS OR
in 24 hours bounds be must be	130 5	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		GIVE RESIDENCE BEFORE			0 🗆		ZIP CODE	10 2	1215
ompletely ond 2 s	14 FA	THER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S M.		WIDDLE		LAST	
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that a dialest a by the attention of cose retrieval or or or other traumatic.		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	(b)_	OR AS A CONSEQUE							
requires ten signe t. Then pl or ta buri y injury, a	TION	PART 2 OTHER SIGNIFICANT									
The low recion. e hos bee sit permit. grene prior	CERTIFICATION	196 DATE OF OPERATION		ITION FOR WHICH	OPERATIO			70c AUTOPSY? YES NO	IN CERTIFYII YES		OF DEATH?
SICIAN: TI ng physicia certificate riol-transit them 18 sh	MEDICAL CE	216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A	.M. MONTH D/ .M.	AY YEAR 19		RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
offending of the bull of the b	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	711. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
ATTENDIF		22a.1 certi that (1) (1) that have a solution of (50) (did no	CMN 21	190	pull .		() opinion d	eath occurred on the de			hat N (we) last auses stated
AL OR A The ho TAL DIRE- detoched ofe Dept	B	27b. SIGNAUIF				PHY	NDING SICIAN	MEDICAL STAI	F IIAN 🗍	8-13-	
TO HOSPITAL etoined by 11 TO FUNERAL should be det with the State MPORTANT.		PRINCIPAL T	1. VEBS	on hi		3640 F	oros	UNE BAN	212	Ś	
₽₽ <u>₽₩₹</u>		BURIAL, CREMATION, REMOVAI SPECIFY)  Removal	23h DATE 8/13/		NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 FI	INERAL DIRECTOR  NAME  Anatomy	Board	ADDRESS	Balt	o., Md.	AUG 3	REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATU	RECOL

BP.

DHMH - 16 60M 7. 14

(VRA 15, 4)

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					E OF MARYLAND		0 0	2 670	
FOR STATE REGISTRAR			DEPART		FICATE OF DEATH	REG. N	2 2	1 0	1
1. DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	LUTHER		C.	TA	YLOR	AUGUST 21	, 1985		12:11AM
Male Male		4. RACE White		5 DATE (	DF BIRTH LY 1, DAY 1921 FAR	64 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Virginia	ATE OR FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF		OF DEATH	MD.
D. CITY OR TOWN O	FDEATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET HOPKINS	( ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Driver		INDUSTRY	F BUSINESS OR king Co.
USUAL RESIDENCE (1) 130. STATE Maryland	13b. COU		134 CHTY OR TOV		13d INSIDE CITY LIMITS?	130.STREET ADDRESS 1643 Dart	ZIP CODE	h mil	
William	н. Та	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST ROS	WIDDIE		LAST	
VAS DECEASED		MED FORCES?	166 SOCIAL SECT		Joan Taylo	or, Wife	Same	, me	ules
IB CAUSE OF	DEATH Enter of	nly one couse per	line for (a), (b), or	nd (c.)				APPROXIM BETWEEN O	MATE INTERVAL
PARTI. DEA			modens					12	nours
Conditions, if			R AS A CONSEQU Myocardu		Parction			30	Shours
gove rise to couse (0), underlying	stoting the	DUE TO, OI	R AS A CONSEOU	ENCE OF					100
PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVE	V IN PART 110	
190 DATE OF O	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
OR CONTRIBUTING	CAUSE OF DE	NIH .	M. MONTH D	AY YEAR	21c, HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
	CURRER	22 24 100							

The PLACE OF INJURY MEC CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) STREET STATE NOT WHILE 1518 8/20 22a. I certify that (1) attended the deceased from This hospital

saw the deceased alive on above, (1) (we) (ala) (did not) view the body ofter death. opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF

22e ADDRESS

Johns Hopkins

PHYSICIAN DIRECTOR PHYSICIAN

85

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 8/24/85 Holly Hill Memorial Gardens Burial Baltimore Co., Md. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a DATE REC'D

Home PA 1407 Old Eastern AveAV

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCKING

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32084	1-	STATE REGISTRAR	DEFARIN	CERTIFIC	CATE OF DEA	TH	REG. I	600 lin	1 0	Q
32034		CEASED NAME FIRST OR PRINTS PRINCE ANNO	MIDDLE	TAY	LOR		2a. DATE OF DEATH	1985		26 HOUR
611	3. SE	(	4 RACE	5. DATE OF	BIRTH		6. AGE (IN YEARS LAST &	IRTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS
a p		FEMALE	BLACK	MONEH 2	8 1	914	71	YRS	ONTHS DATS	HOURS MIN.
11/83	(	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARI		BALTIMORE CITY BALTI	OR COUNTY		MD.
DO DO	10. CI B	TY OR TOWN OF DEATH ALTIMORE	11. NAME OF HOSPITAL, NURSIN	ARVENU		TION	120 USUAL OCCUPA (THOMEMAK)		INDUSTRY	OF BUSINESS OR
should be	13a. S M	AL RESIDENCE (IF NURSING HOME O TATE 13b. COU ARYLAND	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13C, CITY OR TOW BALTIMO	N I	36 INSIDE CITY L YES X NO		3107 HAN		ENUE,	21216
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os been sign permit Then ne prior to bu ws ony injury.	CERTIFICATION	190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO D				200 AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	NGS USED
g physicion certificate h riol-transit pental Hygier tem 18 shay		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE		AY YEAR	21c HOW INJURY	Y OCCURRE	D (ENTER NATURE OF IN			No L
offendir fler this as the bu th and M brked or	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		ZII LOCATION		CITY OR	OWN	COUNTY	STATE
t DIRECTOR: A stacked for use e Dept of Healt	y i		of New the body ofter death.		that in my (aur		eath occurred on the		and from the	
TO FUNERA should be de with the Stat		22d. PHYSICIAN'S NAME ITYPE	OR PRINT)	11.5	22e ADDRESS	-	WAY BALT			
or of w	23a B	URIAL, CREMATION, REMOVA	236 DATE 23c N	NAME OF CE	METERY OR CREA	MATORY	23d LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 8-10-1985

MACEDONIA CEM.

CHATHAM,

VIRGINIA

24 FUNDAT THEOROR& SONS FUNERAL HOME, INC. GWYNNS FALLS PARKWAY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 1 5 1985



STATE OF MARTLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 253021 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME MONTH 7b. HOUR (TYPE OR PRINT) Mr. Samuel Louis Taylor August 31 1985 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH MONTH YEAR Male Caucasian March 14 1925 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED | Baltimore City 10 CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 2821 O'Donnell St. Truck Driver Retired Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 21224 Baltimore NO 2821 O'Donnell St. Maryland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE LAST Arthur Schwacka Taylor Helmy Mauritz ADDRESS 160 WAS DECEASED EVER IN.U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO MFS. Navis M. Taylor 21207 5906 Cecil Ave. Baltimore 219-16-5549 Maryland No 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY Myocardial infarction IMMEDIATE CAUSE to Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO I 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that () (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above ( ( did) (did no ) view the body after death Th. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 9-3-85 22d. PHYSICIAN IN MARK 7838 Eastern Ave., Balte., Md. 21224 d b MPORT Jose Ardaiz, M.D.P.A. Shoul 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE ITY OR TOWN Baltimore Maryland Burial Lorraine Park Cemetery Woodlawn 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 or worky miles is (VRA 15, 4) 8728 Liberty Road Randallstown, Maryland 21133

ine. Hencel Louis Taylor The State of the S Falkgorn 2010 (1923 Amendal) asses I de Alamania (1986) and a secondaria -- Indicate -the laws and . HE - 1005 - 108 administration with a separation of a first state of a first 83-1-0 +Sie .h., will ..ev gget a entiged executes a method of colors are entered to the Lot of Paris Paris II. sewis, and.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
John	Leon	Tennant	8	15 85 2 500 M
3. SEX	4 RACE	S. DATE OF BIRTH	6 AGE   IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
Male	White	Mar. 15, 1920	65 <sub>Y</sub>	RS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	
Virginia	USA	WIDOWED DIVORCED	Da de a mose	City MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOTIN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
Baltimore	Union Mem		Contractor-	Realty Co.
USUAL RESIDENCE (IF NURSING HOME) 130. STATE 13b COL			Paint 13e.STREET ADDRESS / ZIP (	ODE
MD	Balt		4227 Hickory	y Ave., 21211
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
Charles		nnant Mary	1000755	Pittman
	GIVE WAR OR DATES)		ADDRESS	
Yes Ar	my 212 12	2007   Charlotte	Tennant,	Same
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), o	indici.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDI	ATE CAUSE (a)	rebial hemons	maje	
	DUE TO, OR AS A CONSEQU		0	
Canditians, if ony, which gove rise to immediate	(b)	LT / COLD COLD		
cause 101, stating the underlying couse last	DUE TO, OR AS A CONSEON	UENCE OF		
	(c)			
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART I a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED
툍			YES NOTE INC	ERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITE	<u> </u>
OR COLUMNIC COLUMN		DAY YEAR		
(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	, FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (Nis hos	pital) ottended the deceased from	Quays # 12 19 85	10 august 13	19 85 , that (I) cell ast
saw the deceased alive a	n 94345+ 15 19		on death occurred on the date and	have and from the causes stated
226 SIGNATURE	O C	DEGREE		22c. DATE SIGNED
Lannet	D C Linthe	min ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	215-65
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		1000
Dr. Lanne	tte C. Linthio	cum Union	Memorial Hosp	ital
230 BURIAL, CREMATION, REMOVA	L 23b DATE 23c	NAME OF CEMETERY OR CREMATORY		
Removal-Burial	8/16/85	Dak Grove	Portsmout	ch, VA STATE
24 FUNERAL DIRECTOR	Henry W. Jen	kins & Sons Qo	ATE REC'D. BY REGISTRAR 256 RE	GISTINE'S SIGNATURE
4905 York Ro			100 10 1000	in heviden-handell

DHMH - 16 60M 7/84 (VRA 15, 4)

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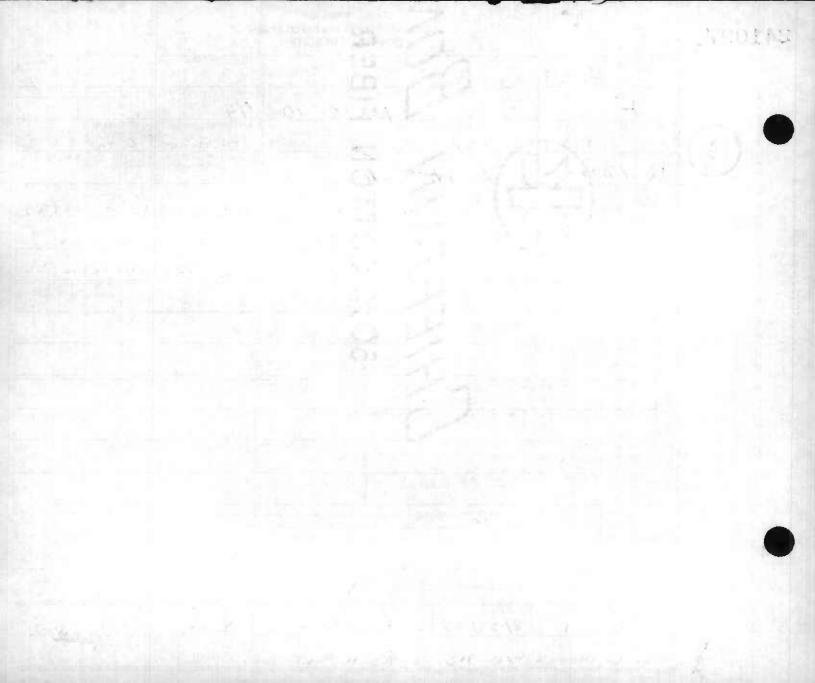
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ME Plasery Ave., 21211

241097	1.	FOR STATE REGISTRAR		DEPA	ARTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYE	ENE 5	2 REG. NO.	271	
7	I DE	CEASED NAME FIRST	A	MIDDLE	1	AST		20 DATE OF D		NTH DAY YEAR	26 HOUR
y be	(TYPI	ELEA!	VORA	ν.	TI	tomAs.			8	3 - 20-85	52.01pm
Te be	3 SE	X	4 RACE		5. DATE C			6 AGE (IN YEAR	RS LAST BIRTHDA	IF UNDER 1 YEA	
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1 1 2	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NU		R OTHER INSTITUT	TION	120 USUAL OC			OF BUSINESS OR
	EL	saltimore	L		e rai	V	1734	TITLE OF WORK PO	DR MOST OF WC	MANO (IFE) I INDUSTR	
La bank	USU 130	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)	134 INSIDE CITY L	IAA IT CO	13e STREET AD	DDEEC / 71	D CODE	
filled and deliber		ma			imore				Allend		21229
tely 2 sh	14 F	ATHER'S NAME				15. MOTHER'S MA	AIDEN NAM	\E			
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		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16h SOCIALS		17 INFORMANT	330.		ADDRESS	wege	30.
n and Poge	- (	YES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	213-03	3-6544	Thelma	ε.	Gale	704	Allend	ale St.
state h		18 CAUSE OF DEATH (Enter on	ly ane cause per	line for (a), (b	, and ic					APPRO	OXIMATE INTERVAL IN ONSET AND DEATH
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ding orbo				R AS A CONSE	CHENCEOE	4					
learl tren ve c lan,		Conditions, if any, which	( 16)	R	enal	Lail	me.	• ,			
he o he o emo		gave rise to immediate cause (a), stating the	3000		CUEVICE OF	0	V .	1 1			3 3
by thor t		underlying cause lost	DOE TO, OR	R AS A CONSE	autic	e he	art	faile	ne.		
ined in plea	53	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE O	OR CONDITI	ON GIVEN IN PART	110
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bee bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WE	ICH OPERATIO	N WAS PERFORME	D	20a AUTOP	SY? 20	IF YES, WERE FINE	DINGS USED
bos on or	TIFIC							YES T	40IX IN	YES T	ES OF DEATH?
hysicide ronsit Hygicide Hygicide	CER	210. ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW INJURY	Y OCCURRE		92.5	ITEM 18 PART I OR PART 2	
SICIAR ng ph certifu rial-tr ental l		OR CONTRIBUTING CAUSE OF DEA	***		DAY YEAR	E Charles					
HYSICIA nding ph nus certifi burialia or Item	MEDICAL	214 INJURY OCCURRED	21e PLACE C		19	211 LOCATION					
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TEN Infol IOR or us It is		saw the deceased alive on	6- 21	0 1				eath accurred o		and hour and fram th	
OR ATTE or hospita DiRECTO ached for Dept of h		abave, (1) (we) (did) (did na 22b. SIGNATURE	) view the bady	after death.		DEGREE					TE SIGNED
	33	Mallo				ATTEN	NDING _	MEDICAL	STAFF	. 0	- 20 - 85
HOSPITAL med by th FUNERAL uld be detected to the State ORTANT. It		22d. PHYSICIAN'S NAME (TYPE O	PRINT)		1	22e ADDRESS	SICIAN [	DIRECTOR			
O a Black		A nether.	Luth	nan.	hospit		30 As	n blul	en st	· Ball	timuse.
Show with	230 5	SURIAL, CREMATION, REMOVAL	Task DATE	T.	12. NIAME OF C	1		1224 100 474	011		
DD.	230. 6	SPECIFY)	23b DATE			EMETERY OR CREM		23d LOCATH	TOWN	COUNTY	STATE
BP	24 FI	JNERAL DIRECTOR	8/24	/ 00	wester	n Star	Total DATE	DECID BY DEC	1400	projecton nie e. 61	OM
DHMH - 16 60M 7/84		NAME	0/14	ADDRE	55	N 10.	AUG 2	2 3 1985	) A J	CASCA BOOK	)
(VRA 15, 4)	W	om- C. March	6/11	1101	A. 100.	rth Ave.	100	J U 1000	1/		



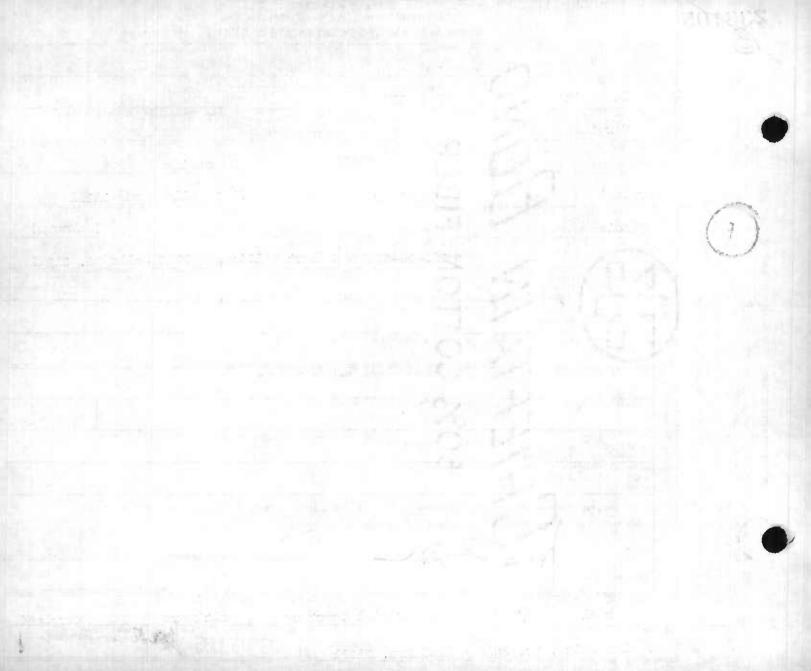
STATE OF MARYLAND

		STATE REGISTRAR		CERTIFICATE OF D	EATH	REG. NO	
		CEASED NAME FIRST Kevin	WIDDLE	Thomas	50		MONTH DAY YEAR 26 HC
	3. SE	x	4 RACE	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIRT	J.
1	1 0	Male	Black	12 08	83		YRS
1	5	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER M	ARRIED ORCED	Baltinore	COUNTY OF DEATH
Self		ity or town of death	I AME OF HOSPITAL, NURS	ING HOME OR OTHER INSTI	TUTION 1	20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
T Set p	130.	AL RESIDENCE (IF NURSING DE DR STATE IN OUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	WN 13d INSIDE CI		3e.STREET ADDRESS /	ZIP CODE Street
xdminer	14. F.	1.0	widdle Thoma	e L	MAIDEN NAME		Colema
edica		WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	URITY NO 17 INFORMAN	170	ADDRE	SS
e ae		No	None	Margu	erite	Coleman	1510 N Chapel
nt, th		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one couse per line for (a), (b), o	ind ici i			APPROXIMATE IN BETWEEN ONSET A
9		IMMEDIAT	E CAUSE (a) Caroline	arrest			Imadi
ther trauma		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost		DOY Arrest	<i>C</i> '	( +	10 n
0			(c) siver cer	relial hypoper	tusion	secondary To	Hemophillis Manir
jury, a	Z	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u> to	DEATH BUT NOT RELATED	TO THE TERMIN	IAL DISEASE OR CON	DITION GIVEN IN PART 110
ony injury, o	CATION	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED		200 AUTOPSY?	DITION GIVEN IN PART 110
hows any injury, a	RTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFOR	PMED	200 AUTOPSY? YES NO	OITION GIVEN IN PART 110  206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES \( \square\) NO
n 18 shows ony injury, o	L CERTIFICATION		19b. CONDITION FOR WHIC	H OPERATION WAS PERFOR	PMED	200 AUTOPSY? YES NO	OITION GIVEN IN PART 110  206 IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DE
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If Hern 21 is marked or Hern 18		190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WMUE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH [ P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 21t HOW INJ 19 21t LOCATIO STREET  Ond that in my DEGREE	MED  URY OCCURREN  N  19 85  bur) opinion de	ZOO AUTOPSY?  YES NODE  D (ENTER NATURE OF INJUR  CITY OR TOV  to 2/3(  oth occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	20b IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DE YES NO YINITEM IB PART I OR PART 2)  VIN COUNTY  19 5 that (1) te and have and from the causes  22c. DATE SIGNE
If Hern 21 is marked or Hern 18		19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING ALUSE OF DEA (HE EITHER NOTHEN MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE ALL WORK ALL WORK  22a. Leerlify that (I) (his hospit sow the decessed of the obove (I) weel (did) did not 22b SIGNATURE  22d. PHYSICIAN'S NAME (LYPE OF 12d.) PER 12d. PHYSICIAN'S NAME (LYPE OF 12d.)	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  3/31/85	DAY YEAR 19 211 LOCATION STREET  Ond that in my  DEGREE	URY OCCURRENT  19_85  bur) opinion de  TENDING HYSICIAN	200 AUTOPSY?  YES NO NO NO NOTION TO	20b IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO YINITEM IB PART I OR PART 2)  VIN COUNTY  19 S that (I) te and have and from the causes
0 0	MEDICAL	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING ALUSE OF DEA (HE EITHER NOTHEN MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE ALL WORK ALL WORK  22a. Leerlify that (I) (his hospit sow the decessed of the obove (I) weel (did) did not 22b SIGNATURE  22d. PHYSICIAN'S NAME (LYPE OF 12d.) PER 12d. PHYSICIAN'S NAME (LYPE OF 12d.)	21b. TIME OF INJURY HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  and oftended the deceosed from 8/31/85  19-  Wollney  Wollney  123b. DATE 123c	DAY YEAR 19 21t HOW INJ 19 21t LOCATIO STREET  Ond that in my DEGREE	URY OCCURRENT  N  19 85 bur) opinion de  TENDING HYSICIAN  UNIVORS  PREMATORY	200 AUTOPSY?  YES NOW  VEST NOW  CITY OR TOW  TO STAF  DIRECTOR PHYSIC  THE PH	20b IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTA



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME KNOWN X MONTH 20. DATE 2h. HOUR (TYPE OR PRINT) OF ESTI-V. R FILES. HOURS STREET, CATHERINE DEATH MATED 15 THOMPSON 8 1985 4. RACE 3. SEX DATE OF BIRTH AGE IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR 2c DATE FUNERAL DIRECT S FOR YOUR FOR WITHIN 72 HOW. PRESTON STI YEAR LAST BIRTHDAY) PRONOUNCED Female White 9 16 07 77 YRS DEAD 19 85 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Virginia MARRIED NEVER MARRIED USA WIDOWED T DIVORCED □ |Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) 21211 3712 Falls Rd. Baltimore Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Maryland 3712 Falls Road Baltimore 21211 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST Jessie (unknown) Sarah Jones 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) No 213-26-5767 Robert Williamson 3712 Falls Rd. 21211 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOX DEPARTMENT T PRICE TO BU 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214, HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMENSE.
EXECUTE THE CERTHCATE.
PACE 4 SHOULD BE FORW.
TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion deoth resulted from: A Natural causes Suicide Hamicide L Undetermined monner TITLE (SPECIFY) ACTUAL SIGNED 8-15-85 Assistant SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME Ahn M. Dixon, M.D. 111 Penn St., Balto. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 8/19/85 Cedar Hill Cemetery Baltimore 07/84 Maryland 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR LAL **DHMH - 17** A. Alan Seitz, Jr. 3818 Roland Ave. 21211 (VR A15 ME (5))

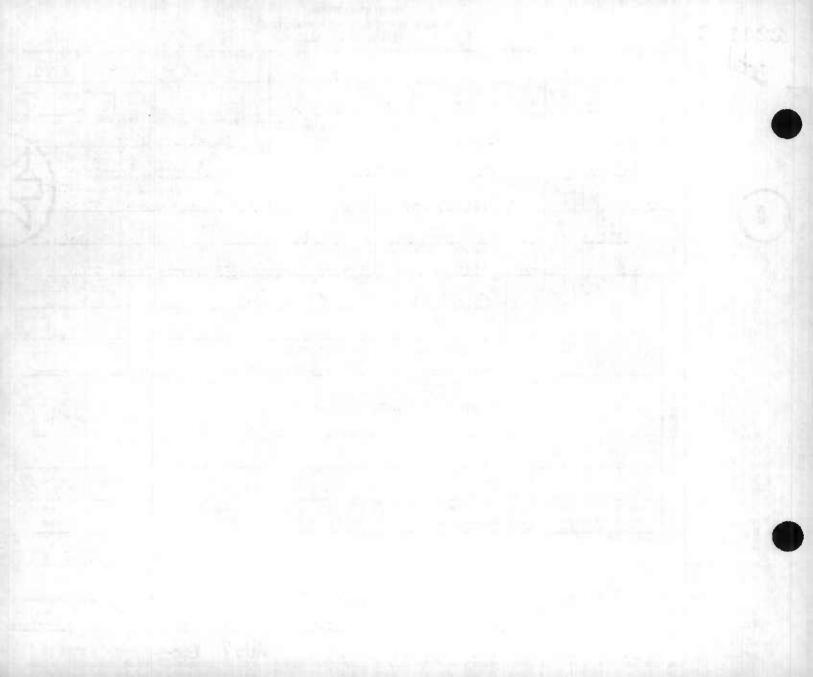
STATE OF MARYLAND



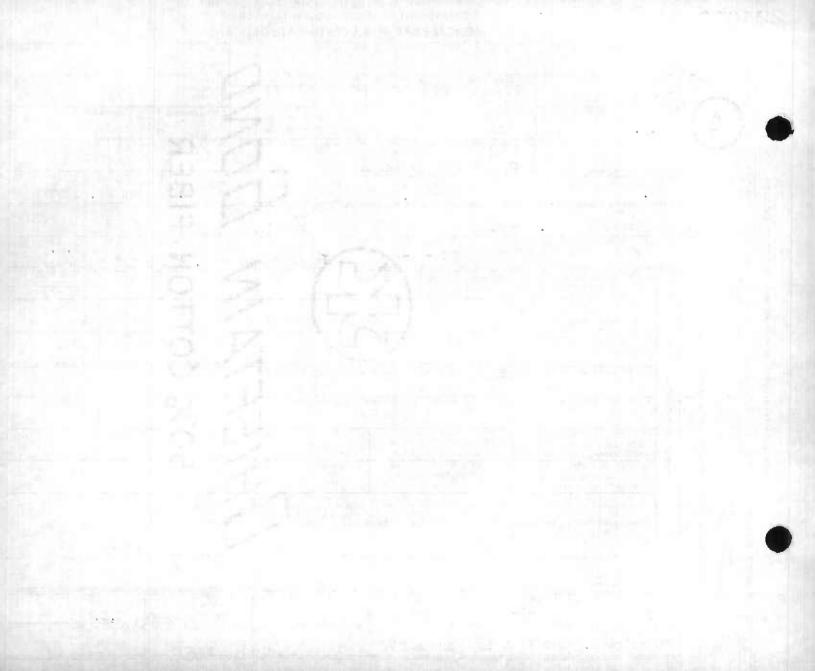
4107 Wilkens Ave

(VRA 15, 4)

Hubbard Funeral Home, Inc.



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		NE FIRST		WIDDIE		LAST		2a DAT	E KNOWN	MONTH	DAY YEAR	26 HOUR
			_	E.		-		DEAT	H MATED	8/4	/ 1985	M
		4 RACE	5 DATE OF BIRTH	YEAR						MONTH	DAY YEAR	30 H30 R
		Black			39 YRS.					8/ 4	/ 1985	Рм
7) BI	RTHPLACE (	STATE OR	76 CITIZEN OF WH	AT COUNT	RY? 8 M.	RRIED   NE	VER MARRIEI	P. BALT	IMORE CITY O	COUNTY	OF DEATH	
			USA		WIE	OWED	DIVORCE	Ba Ba	ltimore	City	,	MD.
10 CI	TY OR TOWN	OF DEATH				OTHER INSTITUT	TION	12a USUAL OCC	UPATION (TYPE	EOF WORK	OR INDUST	JSINESS RY
	Baltin	more				1 Cente	r		ommo en e ;			
13a S	TATE	(IF IN NURSING HO	ME OR OTHER INSTITUTION, GIV			1134 INSIDE CL	ITY LIMITS?	13e STREET ADD	PESS			
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	cause (a	) stoting the und		AS A CONS	SEQUENCE OF			VIII.				
	lying co	use last.	(6)									
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NO												
TY	190. DATE O	F OPERATION	196 CONDIT	ION FOR W	HICH OPERATIO	WAS PERFOR	MED?		10		20 AUTOPSY	?
TIFIC	1200										YES 🗆	иохх
CER					DAY YEAR 21	HOW INJURY	OCCURRED	TENTER NATURE OF	INJURY IN ITEM 18 F	PART I OR PART		2 8 2 1
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EDI	21d. INJURY	OCCURRED	21e PLACE C	FINJURY	(AT HOME, 21f	LOCATION						
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			orga of the ready	ribad -L-	/					COL	intv. M	d.
PA.										a in my opin	non L L	
	death resul	red from: No	1/-	Accident [	, Suicide			Undetermined	manner,			
	ACTUAL		NVA	7		٠.				DATE	0/5/	05
LIFE.	SIGNATURE		11		WE THE	M.D. ASSI	Scarre	MEDICAL EX	AMINER	SIGNED	0/5/_	0.5
-		NAME GY	egory R. Ka	uffma	n. M.D	ADDDESS	1	111 Penr	St			
23e BI	URIAL, CREMA									<u> </u>		
(5	PECIFY)		8-8-85									TATE
24 FI	UNERAL DIRE						25a. DATE RE	C'D. BY REGIST	RAR 25b. REGI	STRAR'S SIC	SNATURE	
(	charles	A. Ric	e FSPA 1300	Euta	w P1.		ALIC	0 40	75		in and a	us
	1 - 1. DE 1.	THE CAUSE OF PART 2 OTHER STONE TO CONTRIBUT  18. CAUSE OF PART 2 OTHER STONE TO CONTRIBUT  190. DATE OF THE CONTRIBUT  210. EXTERN  UNDERLYING CONTRIBUT  211. INJURE AT WORK  220. I cert death result  ACTUAL SIGNATURE  EXAMINER'S (TYPE OR PR  230. BURIAL, CREMY  BUT 1 2  24. FUNERAL DIRE  26. FUNERAL DIRE  27. FUNERAL DIRE  28. FUNERAL DIRE  29. FUNERAL DIRE  20. FUNERAL DIRE  20. FUNERAL DIRE  21. FUNERAL DIRE  24. FUNERAL DIRE  26. FUNERAL DIRE  27. FUNER	TARTE REGISTRAR  1. DECLESED NAME    Max   ARACE   Female   Black	REGISTRAR  1. DECLIFED NAME REGISTRAR  1. DECLIFED NAME REST  MARY  3. SEX  4. RACE Female  5. DATE OF BIRTH DAY  11/22/4  11/22/	TSATE REGISTRAR  MATY  E.  MATY  E.  S. DATE OF BIRTH DAY YEAR  11/22/45  TO BIRTHPLACE (STATE OR FOREKIN COUNTRY) N.C.  USA  10 CITY OR TOWN OF DEATH SIGNIFICANT COUNTRY) N.C.  USA  11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STOPENCE)  LISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE)  IND. STATE MIDDLE JAMES JAM	TORCHASED NAME    STATE   REGISTRAR	DEPARTMENT OF HEALTH AND M MEDICAL EXAMINER'S CERTIFIC MEDICAL EXAMINER'S CERTIFICAL EXAMINER'S CONTRIBUTION OF WHAT COUNTRY?  BIRTHPLACE (STATE OR DAYS)  JOC CITY OR TOWN OF DEATH IN LASA COPHANT COUNTRY?  BALTIMOTE  JOC CITY OR TOWN OF DEATH IN LASA CONTRIBUTION, ONLY RESOURCE BEFORE ADMISSION IN LAST COUNTRY IN COUNTR	DECIDENTIAL   STATE   REGISTRAR   MADDIE   LAST   Thompson	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DESCRIPTION  MARY  B. AGE INTERPRET LASS  Thompson  B A DATE OF BIRTH MOCHET DAY  B A DATE OF BIRTH MOCHET DAY  B BERTHPLACE (MAILOR N.C.  USA  BIRTHPLACE (MAILOR NARRIED (MAILOR NARRIED) (MAILOR NARRIED (MAILOR NARRIED) (MAILOR NARRIED (MAILOR NARRIED (MAILOR NARRIED (MAILOR NARRIED) (MAILOR NARRIED	DEPARTMENT OF HEALTH AND MENTAL HYGENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRAR  MARY  E. MARY  Thompson  Thompso	DEPARTMENT OF HEALTH AND MENTAL TYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGIST  MARY  E. MARY  Thompson  T	The STATE OF CHARGE OF PLATE OF THE STATE OF STA



STATE OF MARYLAND 224077 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26: HOUR DECEASED NAME PE OR PRINTI 4 RACE LIN YEARS LAST BIRTHOAY DAYS HOURS YE AR 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHIL ACE STATE OR FOREIGN Unknown MARRIED | NEVER MARRIED BALTIMORE WIDOWED @ CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 KIND OF BUSINESS OR Unknown HOSPITA UTHERAN RESIDENCE (IF NURSING HOME OR OTHER INSTITU In STATE BAL TO. 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? N/A Mp NOF IRFRTY 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Unknown Unknown FIRST ADDRESS4017 Liberty Heig 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) Granada Nursing Home Balt.. NO Md. 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ta), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the ecubitus ilicer underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an above the (w) (did) (did not and that in (my) (aur) apinion death occurred on the date and have and from the causes stated 225 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [ 224 PHYSICIAN'S NAME (TIPE OF PRINT) 224 ADDRESS old L premarcaw 0 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

BURIA 24 FUNERAL DIRECTOR O. DYETT 4600 LIBERTY HGTS AVE.

8/8/85

IS DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

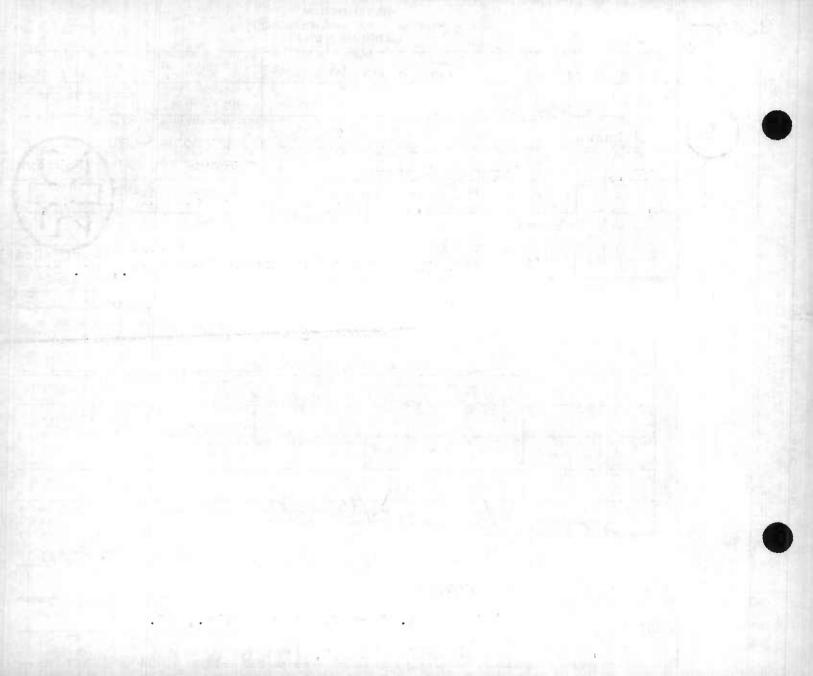
Balt.,

Zion Cemetary

Md.

COUNTY

STATE



PRESTON ST., BALTIMORE,

DIVISION OF VITAL RECORDS, 201 W.

	FOR		
-	STATE		

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 5 CERTIFICATE OF DEATH

2	2	1	1	1
Cost	£2.00		- 1	

t I		REGISTRAN						REG. NO.				
Н		CEASED NAME FIRST	JOSEPH	"HENRY	THUMAN	AST	0.040	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR		
	(TAME	Josephint)	7h	H.	TH	UMBN		8	9 85	85 11:30 Am		
	3. SE >	X	4 RACE		5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
		M	4	J	MONTH	DAY	YEAR	44	MONTHS DATE	HOURS MIN.		
	Je Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	(? 8		- ' '	9 BALTIMORE CITY OR COUN				
I.		COUNTRY)	USA		MARRIE	D NEVER M	ARRIED A	Baltimore Ci				
1	-	Maryland ITY OR TOWN OF DEATH		HOSPITAL, NURS	WIDOWE O	T-april	ORCED	120 USUAL OCCUPATION		MD.  OF BUSINESS OR		
0			LIF NOT IN SUC	HEACILITY, GIVE STRE	ET ADDRESS)		1011011	LTYPE OF WORK FOR MOST OF WORKING		DE BUSINESS OR		
2		Baltimore		versity		al		Priest	Rell	gous		
2	130 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		TIG CITY OR TO	WN	13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE			
2		Maryland —		Baltim	ore	YES X	NO 🗆	102 E. Madis	on St.	21202		
	14 FA	THER'S NAME	MIDDLE	LAST			MAIDEN NAM	AA IDADA E	LAS	.,		
9	1/2	Bernard Thu					Helena	Schimmel	that the	,,		
		VAS DECEASED EVER IN U.S. AR	166 SOCIAL SEC	CURITY NO.	17. INFORMANT ADDRESS							
-	Ĩ	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	204-42	-7478	Rev. R	J. Curry, S.J. Same					
		10 CALISE OF DEATH Sales as		too for in this o	nd a	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
		PART I. DEATH WAS CAUSED BY THE FOR IOI, (b), and ic							BE I WEEN	WKS		
		IMMEDIA	-	- 1-3								
		Conditions, if any, which ( ) DE NO CONCENUM & OF COLON							18	MONTHS		
		Conditions, if ony, which gove rise to immediate								. 0.4 (10)		
		couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF										
		(c)										
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION											
7	ICA	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFOR	RMED		'ES, WERE FINDIN			
-	RTIF			- 665-	1000				YES 🗍	NO []		
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	11b. TIME O		DAY YEAR	216 HOW IN	IURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)			
И	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		M.	19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	E EADAN ETC 1	21f LOCATIO	Ν	CITY OR TOWN	COUNTY	STATE		
4	2	AT WORK NOT WHILE	THE STA	REEL, PACIONI, OFFICE	E. PARM, ETC ]							
		220 1 certify that (I) (this hospi	tol) attended th	e deceased from	win	CH	1985	10 BUS 9	1985	that (I) (we) last		
		sow the deceased olive on obove, (1) we) (did) (did no			Comment	nd that in (my) (	our) opinion d	leath occurred on the date and he	our and from the	couses stated		
П	200	276. SIGNATURE	t) view the body	offer death.		DEGREE		,	22c. DALE	SIGNED		
		MD ATTENDING						MEDICAL STAFF	Ste	3/4		
	- 0	PHYSICIAN    22d PHYSICIAN'S NAME (Type of PRINT)						DIRECTOR PHYSICIAN	1 01	1117		
П		Richord S	1 M	2110 1	NA.	72	5 (1	00.10 17 18	M7. m . 10	2.0		
-				redn 1		100			ol71000	10212		
	730 B	BURIAL, CREMATION, REMOVAL				EMETERY OR C	REMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE		
	_	Burial	Aug. 1	2,1985	Woo	dstock	T-			Co., Md		
	10.0	UNERAL DIRECTOR		ADDRESS		York Rd	· 250 DATE	REC'D. BY REGISTRAR MAL REGI	PRAR'S SIGNAT	ure		
	Mi	tchell-Wiedefel	d Home,	Inc. Ba	alto.,	Md.2121	12	0 1300		- 0		

DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND

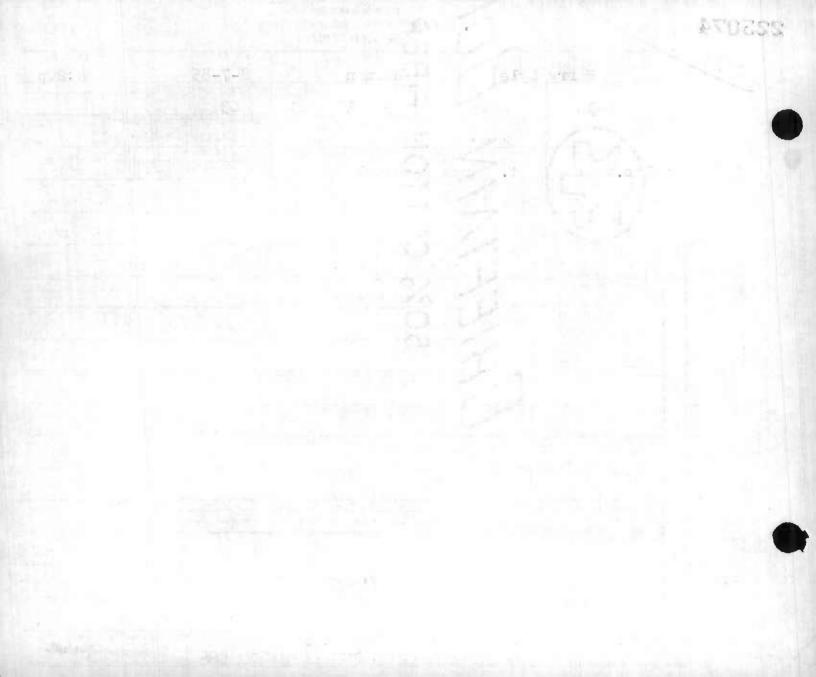
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22/18

	RE	GISTRAR				CEKITI	ICATE UF	DEATH		REG. NO				
T		SEDNAME	FIRST		MIDDLE	-	AST	V	20 DATE OF			DAY YEAR	26 HOUR	
1	(TYPE OR I		arry	Lvle		Thur	rman		8-7	7-85			4:20	M CT
T	3. SEX		72.1	4 RACE		5. DATE C	OF BIRTH		6 AGE INY	EARS LAST BIRTI		IF UNDER I YEAR		
	1	Mal	e	Whi	te	9	18	21	63	3	YRS	MONTHS DAYS	HOURS	MIN.
10		PLACE   STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- LA VIENED	MARRIED -	9. BALTIMO	RE CITY OF	COUNTY	OF DEATH		
1	Or	egon	35.3	U.S.	Α.	WIDOWE		DIVORCED	Ва	ltimo	re Ci	ty		MD.
1	14	OR TOWN OF DEA	TH	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET, Agnes H		_	STITUTION	12a USUAL C (TYPE OF WORK biomedi	FOR MOST OF	WORKING LIFE		clinic eering	s OR al
3	Jac. STA		NIP COUN		GIVE RESIDENCE BEFORE  13c CITY OR TOW  Catonsv	N	YES 🗌	NO 🛚				Avenue	e 2122	28
8	FATH	ER'S NAME Lyle	В	WIDDLE	Thurman	n		R'S MAIDEN NA/	WE	WIDDLE		McC	ollum	
1		DECEASED EVER			16b. SOCIAL SECU		17 INFORM	AANT		ADDRE:		E 5,4-3		
4	Ye		WW	2 WAR OR DATES)	543-07-1	035	Mrs.	Evelyn	Thurma	an S	ame a	as # 13		
	g cc UI	part I DEATH W anditions, if any, over rise to imm puse fol, statin nderlying couse	which nediate g the lost.	DUE TO, OI  (b)  DUE TO, OI  (c)	RAS A CONSEQUE  RAS A CONSEQUE  DITRIBUTING TO D	NCE OF		COLO				EN IN PART 1		
4	CERTIFICATION 061	190 DATE OF OPERATION 196. CONDITION FOR WH					ICH OPERATION WAS PERFORMED			PSY?		S, WERE FINDI YING CAUSES S		
100	CAL	OR CONTRIBUTION OF CAUSE OF DEATH OF DE							- Canada					
	- 11	21d INJURY OCCURRED  WHILE OF INJURY  (AT HOME STREET FACTORY, OFFICE FARM, ETC.)  21l LOCATION  STREET  CITY OR TOWN								COUNTY	517	ATE .		
	sow the deceased alive an									that (I) (we causes state				
,	(	Ram	se (	nau	E/es			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI	AN D	8-	7-8	35
	220	R. PHYSICIAN'S NA	ALH	OTRA	4		22: ADDRE	D CATO	NAVE	5 ,1	BAC-	T, M	02	122
1		Mation	REMOVAL	23b. DATE 8 /8 /				CREMATORY		TION	1.0	COUNTY	STA M	

DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR 256 REGISTRAR'S SIGNATURE Lerby M. Russell C. Witzke Euneral Homes P.A. 250 DATE REC'D 1630 Edmondson Avenue, Catonsville, Md. 21228



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 238040 - STATE REGISTRAR I. DECEASED NAME KNOWNXX MONTH 2b HOUR 20 DATE (TYPE OR PRINT) OF ESTI-DEATH MATED Cindy Tolba 19 85 4 RACE IF UNDER 1 YR. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 3:15 PRONOUNCED 8 White DEAD 19 85 Female P. M 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) U.S.A. New York WIDOWED DIVORCED Baltimore City, O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Student Grade Shl. Johns Hopkins Hospital Baltimore HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 21045 7379 Hickory Log Circle 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Columbia Howard NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Tolba Ramadan Abddel Tolba Magat 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS YES NO, OR UNKNOWN) Magat Tolba Same as #13 None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NOXX 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY YEAR UNDERLYING XXOR 8-20 19 85 passenger in auto impacted by truck CONTRIBUTING CAUSE OF DEATH 12:50PM 21d INJURY OCCURRED THE PLACE OF INJURY TATHOME. 21L LOCATION STREET, FACTORY, FARM, ETC.) Rt. 32 & Broken Landing Parkway, Howard Co., WHILE AT WORK AT WORK road and in my opinion Maryland 274 Certify that Took charge of the remains discribed above, held on Autopsy Inspection XX ccident XX Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8-21-85 PAGE TO RU AFTER! BALTIN EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 234 NAME OF CEMETERY OR CREMATOR 23d. LOCATION 8-21-85 Burial Islamic Cemetery Woodlawn Balto Md. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** AUG 2 2 1985 wire Daydoon Catonsville Md. (VR A15 ME (5)) MacNabb Funeral Home

STATE OF MARYLAND

a Salar and a sala

the buriol-transit permit. Then please remove carboniums ond Mental Hygiene prior to buriol, crematian, or removal

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

Film G607 item 1

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

22/20

	REGISTRAR			CENTIN	ICAIL OI D	AIII	REG. NO			
	CEASED NAME FIL	RST /	MIDDLE	Tol	Therg		20. DATE OF DEATH	AONIH D	AY YEAR	26 HOUR P
1	JAN	IS Ly	nn	1			AUGUST 25,	1985		7:05 M
3 SE	x	4 RACE	- 12,50	5 DATE C		YEAR	6 AGE (IN YEARS LAST BIRTH		ONTHS DAYS	IF UNDER 24 HRS
Fe	male	White		9	10	1958	26	YRS.	Oldins Dais	MIN.
7a. B	RTHPLACE (STATE OR FORE	GN 75 CITIZEN OF	WHAT COUNTRY?	B	D NEVER M	ARRIED X	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
	w_York	U.S.A.		WIDOWE		ORCED	BALTIMORE C	ITY		MD.
1	BALTIMORE	11. NAME OF A	HOSPITAL, NURSIN HEACILITY, GIVE STREET, HOPKINS F	G HOME C ADDRESS) YOSPIT	PROTHER INSTI	TUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Photo Lab	WORKING LIFE	INDUSTRY	F BUSINESS OR
USU. 13a	AL RESIDENCE (IF NURS		GIVE RESIDENCE BEFORE		1 13d INSIDE CI	Y LIMITS?	13e.STREET ADDRESS /	7IP CODE		
Ма	ryland	Baltimore	Edgemer			NO 🔀	2613 Manor		ıe e	21219
14 F/	ATHER'S NAME	MIDDLE	LAST	U. A1	15. MOTHER'S	MAIDEN NAM	ME	1112	LAS	1
Ne	il	S.	Tollber	g		thleen			Grego	
	VAS DECEASED EVER IN L	J.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMAN	NT.	3701 01 d N	orth I	Point F	d. Lot39
No		TES ONE WAR ON DATES,	213-72-0	675	Neil S	. Toll	berg	Balto	o., MD.	21222
1 1 1	18 CAUSE OF DEATH LE PART I. DEATH WAS IMA Conditions, if ony, wh	CAUSED BY. MEDIATE CAUSE (0)  DUE TO, O	Line for (a), (b), and COC AIN C  R AS A CONSEQUE	OV	ENDOSE				BETWEEN	MATE INTERVAL DINSET AND DEATH SO KOUNS
TION	gove rise to immediate cause o), stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (c)						N IN PART 110			
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WH						YES NO YES YES			OF DEATH?
4 1	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PA	RT I OR PART 2}	
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY PEET FACTORY, OFFICE, F	ARM ETC.)	211 LOCATIO STREET	N	CITY OR TOW	/N	COUNTY	STATE
		s hospital) attended the live on 5/25 (did not) view the body		<b>8</b> /23	nd that in my	, 19 <u>85</u> our) opinion o	to 5/25/ death occurred on the da	te and hou	ond from the	thor (i) (we) last couses stated
	226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					8/2	SIGNED 5/85			
	720. PHYSICIAN'S NAME	EARL HEAF	RD, 111		The		Hopkins	Hospi	tal	
	BURIAL, CREMATION, REA	AOVAL 236 DATE	23€ N	AME OF C	EMETERY OR C		23d. LOCATION		COUNTY	STATE
1 -	remation	8/28/1	.985 We	estvi	ew	F 1/4-6	Baltimore		Ma	aryland
24 F	UNERAL DIRECTOR DUDA-RIC	K INE.	7922 Wise				J6 2 7 1985		CAR'S SIGNAL	andall

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If hem 21 is

To and the same of the same of

Auby 9 886 Constitution (See

(VRA 15, 4)

DHMH - 16 60M 7/84

Wm C March F/H

FOR

1101 E. North Ave

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SEP

-nuxuurdron Randose

COUNTY

YES [

COUNTY

22r. DATE SIGNED

.30 85

2b. HOUR

126 KIND OF BUSINESS OR

21230

LAST

APPROXIMATE INTERVAL

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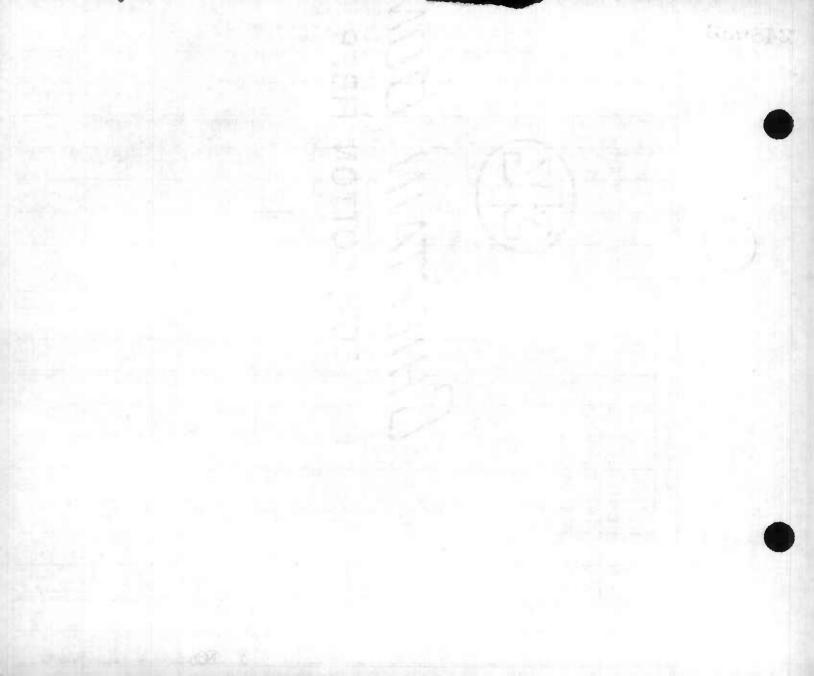
STATE

STAND

29

85

IF UNDER LYEAR



COUNTY STATE and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated

22c DATE SIGNED

22e ADDRESS THE JOHNS HOPKINS HOSPITAL

23c NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

23d LOCATION

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

22d. PHYSICIAN'S NAMI

230 BURIAL CREMATION, REMOVAL

Burial

(SPECIFY)

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

8.8.85

23b. DATE

Maryland Elkridge Howard

F UNDER ! YEAR

126 KIND OF BUSINESS OR INDUSTRY SOCIAL

Hankens

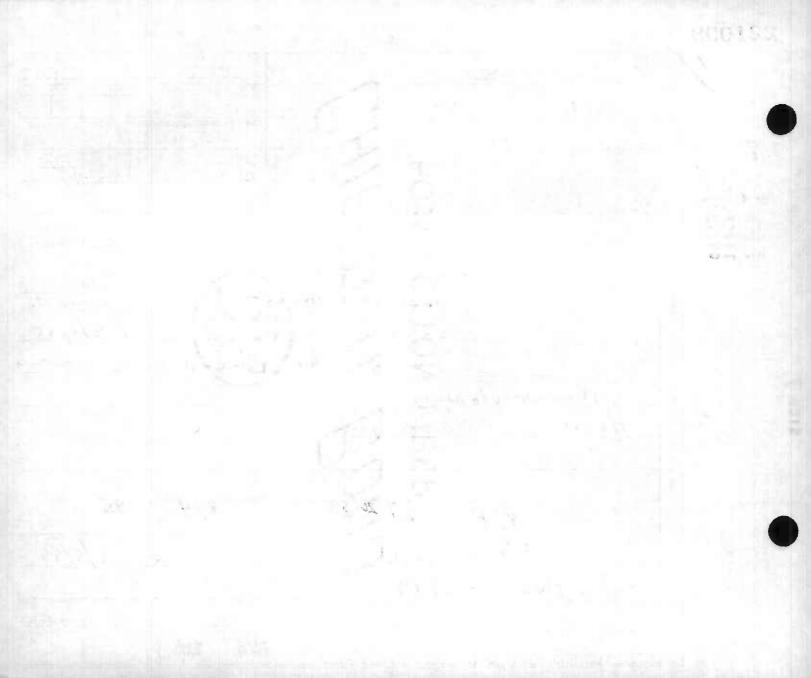
APPROXIMATE INTERVAL

NO [

Security

21157

21157



1066	1-:	FOR STATE REGISTRAR	MEDICA	AL EXAMINER'S	CERTIFICATE	F DEATH REG	20123
		CEASED NAME FIRST CORPRINT! ELMEI	2 C		MMER	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR
PLEASE DIFECTOR. HOURS HOURS STREET,	Ma	le White	107197191		UNDER I YR. IF UNDER	R 24 HRS 2c. DATE MIN PRONOUNCED DEAD	8 13 19 85 1810 M
	FOI	ethplace (state or leigh country) ennsylvania	USA	MAI	RRIED NEVER MARR	Baltimo	Y OR COUNTY OF DEATH ORE City MD
900	0 CT	Baltimore	11. NAME OF HOSPITAL,	NURSING HOME, OR O GIVE STREET ADDRESS) roadway	THER INSTITUTION	ror most of working life) Retired	(TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Md. Cup
85	13a S1	residence (IF IN NURSING HOME CATE  ryland		ence Before Admission) CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 731 S. Bro	padway 23/
00	/	ther's name harles	MIDDLE	Trimmer	Is mother's maid Edna	MIDDLE	Derr
DIVISION		(AS DECEASED EVER IN U.S. ARI S. NO, OR UNKNOWN) (IF YES, GIVE 110	WAR OR DATES)	20 186 53	7 Caroline	e Trimmer 76	C1222
		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA	DBY:	), (b), and (c).)	c hyocan	dial diseas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PAGE A BURIAL TRANSPORTED AS A BURIAL TRANSPORTED AS A BURIAL TRANSPORTED FERMING OR REMOVAL.  CREMATION, OR REMOVAL.		Conditions, if ony, which gave rise to immediate couse (a) stating the underlying couse last.	(b)	CONSEQUENCE OF	0		
OF HEALTH AND	HON	PART 2 OTHER SMIFTCANT CONDITIONS Diabetes	melletu			ART 1 (g).	
- 6	CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPERATION			20 AUTOPSY?
21201 PRIØR TO BURI	CAL	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	NTH DAY YEAR		ED LENTER NATURE OF INJURY IN ITEA	M 18 PART I OR PART 2)
21201 PR	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FACTORY, FA		OCATION STREET	CITY OR TOWN	COUNTY STATE
120 120 120 120 120 120 120 120 120 120		220 I certify that I took charg	rol couses A. Accid		opsy , Inspection, Homicide .	Undetermined manner	ond in my opinion
E, MAR		ACTUAL T. C.10	sian Of	iove_	M.D. Deput	MEDICAL EXAMINER	DATE 8/13/65
AFTER DEATH, WITH THE ST. BACKIMORE, MARYLAND, 2		EXAMINER'S NAME J. CR	USSAN O'	provan	ADDRESS 2112	Dendalk Hoe.	, Belto, Md. 2122
AB BA	(5	Burial  Burial	8/17/85	Morelands	Comptan	Parkville	Barrimore, Md.
H - 17		Connelly Fun	eral Home	of Dundall	230 DAVE	G 2 7 1985	EGISTRARIS SIGNATURADA

20M 4/82

STATE OF MARYLAND

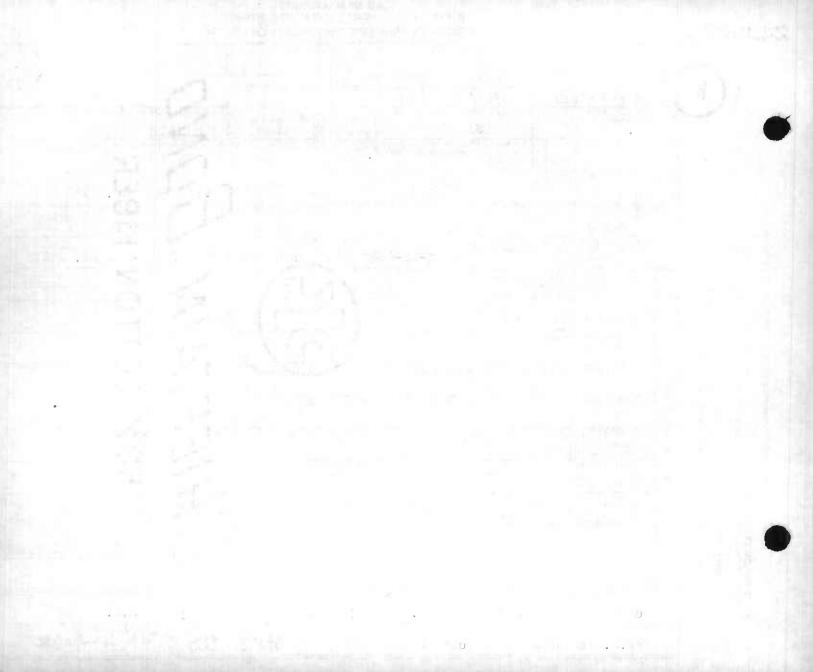
CONTRACTOR OF STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 241006 REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) DOREEN ANASTACIA TRUSLOW DEATH MATED 19 85 SEX 4 RACE IF UNDER 24 HRS DATE 2d HOUR LAST SIRTHDAY PRONOUNCED DEAD 10 85 CAUCASI AN/MAY 2, 1965 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City WEST VIRGINIA WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore University Hospital (STU) SECRETARY TRUCKING SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 36 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Virginia Fredericksburg YES XX NO 1 218 Brighton Square 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ronald Hovermale Barbara Hanshew Wayne ADDRESS 218 Brighton Sq. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Dresde July ( IF YES, GIVE WAR OR DATES! 522-11-5777 John G. Truslow, Jr./Fredericksburg, Va. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Thoraco-abdominal trauma DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -NO K 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR 6 xx 8-11-Passenger in auto/fixed object impact. CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC. 1 CITY OR TOWN WHILE AT WORK & Sportsman Neck Rd., Queen Anne's, MD road 50 Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted fram: Hamicide \_ Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8-18-85 SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 8-21-85 Hull's Bapt. Ch. Cem. Burial Stafford, Virginia 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 705 Princess Anne DHMH - 17 Wheeler & Thompson, Inc. Fredericksburg, Va. (VR A15 ME (5))

226012	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GENE 5 2 2	2 / 2 5
ELGUI-	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
11	BER 1 SEX	THA H	TUCKER  5 DATE OF BIRTH	AUGUST 9 10	985 7:15 M
T	FEMALE	BLACK	1971/1927 YEAR	57	MONTHS DAYS HOURS MIN.
12 00//	70. BIRTHPLACE ISLATE OR FOREIGN	U. S.A.	WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY  BALTIMORE CI	TY OF DEATH
1 33	BALTIMORE	JOHNS HOPKI	NS HOSPITAL	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY CLEANERS
N 85	30. MATRY LAND 136. CO	E OR OTHER INSTITUTION GIVE RESIDENCE BEFO	TORE 138 INSIDE CITY LIMITS?	3410 ALTO RO	PAD 21216
300	CHARLES	MIDDLE HAMIL'T'ON		MIDDLE	HAMTLTON
medico	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC 245-34-		ilel Tucker 34	10 Alto Rd/212
physical on paper emovol.		r only one cause per line for 101, (b), o USED BY: DIATE CAUSE (o)	ulmoney arest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e corbo on or re umotic e	Conditions, if any, which	DUE TO, OR AS A CONSEQU	LENCE OF CAMES		17 mas
d by the of eose removies of cremotics or other trains	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	10.1.1	idens)	* T/16
Then pl rr to burn injury. c			DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	GIVEN IN PART 110
hos been prior to be perior to	190 DATE OF OPERATION  OZ/84  210. ACCIDENT WAS UNDERLYING	OVOUS CAN	HOPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{VES} \)
s certificate ouriol-transi Mental Hygi ir Item 18 sh	OR CONTRIBUTING CAUSE O	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM IS	8 PART I OR PART 2)
s the bur s ond Me	(IF EITHER NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE AT WORK	21e, PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR Aftor use a straight of Health	22a   certify that (I) (this h	ospital oftended the deceased from an 19	and that in (my) (our) opinion	to death occurred on the date and hi	. 19, that (I) (we) last our and from the couses stated
The hosp L DIREC etoched i te Dept. If Item	22b SIGNATURE	. Sullwar A671	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	8/9/8
TO FUNERAL should be determined by my the Store IMPORTANT.	22d PHYSICIAN'S NAME (T	PE OR PRINT) Sullua Alotto	22e ADDRESS	olf ST. J. Hop	kus Itorp.
<u> </u>	230 BURIAL, CREMATION, REMO-	23b. DATE 4/85 M	NAME OF CEMETERY OR CREMATORY ARYLAND NATIL.	BALTON MD.	COUNTY STATE
MH - 16 60M 7/84 (VRA 15, 4)	Leroy 0. Dyet	t & Son 4600 L	iberty Hghts AU	TE REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE

V 39

249	30026	1-	STATE REGISTRAR		MED	DICAL	EXAMIN			ATE OF D		2 2 REG. NO	0.	20	
70 20	TH ON ON THE		CEASED NAME PE OR PRINT)	FIRST	dred	MIDDLE			rner		OF	KNOWN X- ESTI- MATED	MONTH	26/ 19 8	
		9.58	K	4. RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YE.	ARS IF UNE	DER 1 YR. IF	UNDER 24 HR			MONTH	DAY YE	AR & HOY
	\$40 S		emale	Black	6/21/0		77 YF	RS.			DEAD	- 9	8/	26/ 19 8	
	報報の手持って	FC FC	REIGN COUNTRY)	ATE OR		AI COU	VIRY?	MARRIE		R MARRIED		_	_	TY OF DEATH	
	要がようつ	10.0	Md .	DE DE ATIA	USA 11. NAME OF HOSI	NATAL NIL	incible trous	WIDOWE		DIVORCED [		imore			M
	PACE PACE	1	Baltin	ore	Sinai Ho	SETTY, GIVE	street ADDRESS)		K INSTITUTIO		USUAL OCCUP OR MOST OF WOR Retire	KING LIFE)	E OF WORK	OR INDU	ISTRY
21201	ANY D AND 3 PETAIN PETAIN PETAIN		TATE  Md	IF IN NURSING HOA	ME OR OTHER INSTITUTION, GIV	13c CITY	e BEFORE ADMISSIN Y OR TOWN timore		13d INSIDE CITY L	LIMITS? 130 S	TREET ADDRE	ss 1 Mall	l Rd.	2121	5
BALTIMORE, MD.	EATH. FS 1, 2 PM 3 NND 2 S	14. F.	ATHER'S NAME FIRST Edwa	rd	MIDDLE Tav	ris	LAST		FIRST	MAIDEN NA Irene	ME	IDDLE Ta	vis	LAST	
WO	E PAGE FORM SES AN	160		EVER IN U.S.	ARMED FORCES?		CIAL SECURIT	Y NO.	17 INFORMAL			ADDRESS			at neg
AF	AFTER NE PA H FOR AGES ISION		ES. NO, OR UNKNO	WN) (IF YES, G	WE WAR OR GATES	212	-22-40	42	Doris	Woodan	d 3809	Pall	Mall	Rd. 2	1215
ST.,	HOURS AF M 1B. GIVI NG WITH RWIT. PAG SINE, DIVISI		18 CAUSE O PART I DE	ATH WAS CAU	anly ane cause per line SED BY: DIATE CAUSE (a)	far (a), (b		etes	Mellit	us					NATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON	o be executed within 24 i ending:" in Pencil in Itel Wedical Examiner alon As a Burial - Transit per AITH AND MENTAL HYGIE CREMATION, OR REMOVA	NO	cause (a) lying cau				NSEQUENCE O		OR CONDITION GIV	VEN IN PART 1 (a)					
RE	FE WED BE WED BE WED BE WED AS A SE AS A SE A SE A SE A SE A SE A	FICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION WA	S PERFORME	D?				20 AUTOP	SY?
¥.	SHOUL CHIEF E USEE	- Ĕ												YES [	NOK
ONOF	TIFICATE SHOULD G THE WORD "PE TO THE CHIEF N HOULD BE USED A ARTMENT OF HE/ OR TO BURIAL, O	CAL CERT	UNDERLYING	CAUSE WAS OR IG CAUSE C	HOUR A.M.	MONTH	DAY YEAR	21c. HO	W INJURY OC	CCURRED (EN	TER NATURE OF INJ	URY IN ITEM 18 P	PART I OR PA	RT 2)	
DIVISI	WRITING WARDED TO PAGE 3 SHO TATE DEPAI 21201 PRIO	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK	21e. PLACE O			21f LOC STI	ATION REET		CITY OR TOV	WN	CO	UNTY	STATE
•	AL EXAMINER: HE CERTIFICATE HOULD BE FORM AL DIRECTOR: ITH, WITH THE S E, MARYLAND,		220. I certifi death results ACTUAL SIGNATURE		arge of the remains description	ribed abo		Autapsy icide ,	Hamicide	CIFY)	. <u>Inquiry</u> determined ma	inner .	d in my ap		5/85
	TO MEDIC EXECUTE T PAGE 4 SH TO FUNER AFTER DEA BALTIMOR	1	EXAMINER'S	IT)G1	regory R. K						enn St.				
07/84 25M	BP	(:	Burial Burial		23h DATE 8/30/85		NAME OF CEA		Cem.		LOCATION Brook1		A.A.		STATE
23M	DHMH - 17 (VR A1S ME (S))		Chas.A.		SPA 1300 Eu	ıtaw	Place		250.	SEP 3	BY REGISTRA		STRAR'S S		ملك



238034 should be detacked for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr TO FUNERAL DIRECTOR. After this certificate has been signed by

1 - STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

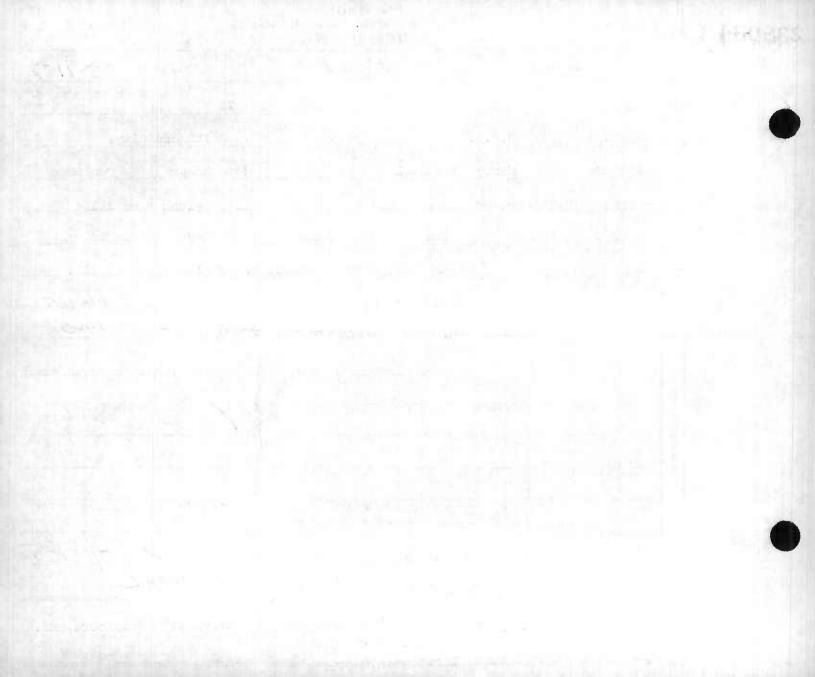
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di.	2	2 .		2	1

							KEG. N	10.				
	DECEASED NAME FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HO	JR ,
	(TYPE OR PRINT)	E.E.	MAY	CINZ I	PET-L		733	08	19	85	11	40
1	SEX	4 RACE			RRELL		6 AGE   IN YEARS LAST BE		1	DER I YEAR	JE LINDE	.AM
1	SEX	4 RACE	A 1 0 1	5. DATE C		YEAR	AGE TINTEARS LAST BE	KIHDAT)	MONTH	S DAYS	HOURS	MIN.
1	Female	Whit	e e	Augu	st 8, 1	906	79	YRS				
17	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMORE CITY			EATH		
4	Marriand	TI C	2		D   NEVER M		D. 114		011			
4	Maryland	U.S.		WIDOWE		ORCED 🔏	Balti					MD.
Y	CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INST!	TUTION	170 USUAL OCCUPAT		12t	KIND O	FBUSIN	ESS OR
1	Baltimore	Merc		_			Home Mak				HOme	2
	JOUAL RESIDENCE (IF NURSING HOME OF											
7	30 STATE		13c. CITY OR TOWN		13d. INSIDE CIT		13e.STREET ADDRESS					
1		timore	Hillen	dale		NO X	1219 Dal	ton I	Road	2123	34	
1/17	FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S	MAIDEN NAA	AE MIDDLE			LAS		
Y		rthur	Tatum		_	na	Mav		Pel	wer		
制	WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECUR	ITY NO.	17 INFORMAN		ADDR	RESS	110	AWCI		
10	(YES, NO OR UNKNOWN)   IF YES, GI	VE WAR OR DATES)										
	No		040-20-5	252 P	Mrs. E	ernice	T. Rudolp	h Sa	ame a	as #1		
Г	18 CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b), and	lc	,					BETWEEN	MATE INTE	RVAL
	PART I. DEATH WAS CAUSE		Donle	ma	rea.				1	0/1	1.10	_
	IMMEDIA	TE CAUSE (0)	produce	1100						- OILI	4(1)	
		DUE TO, O	R AS A CONSEQUEN	ICE OF	, , , , ,	, , 1	CL+			10	0	
	Conditions, if any, which gove rise to immediate	(b)	Chrone	0	depilit	ated	Jace			17	80	
	couse (a), stating the	DUE TO O	R AS A CONSEQUEN	ICE OF					10			
Т	underlying couse lost											
Т	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT PELATED	O THE TERM	NAL DISEASE OR CON	IDITION	TIVEN LINE	DADT 1		
1		<u>a</u>			NO RELATED	O THE TERM	THE DISEASE OR COI	TO IT I CITY C	210614 114	TAKE III	,	
-	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	181 601/0	TION FOR MUCH O	DE DATIO	BEREOR		Tee correction		VEC LAIFE	75 FO 15 1		
	M DATE OF OPERATION	196 CONDI	ITION FOR WHICH O	PERATIO	N WAS PERFOR	MED	20a AUTO SY?			CAUSES		
							YES NO		YES []	00020	NO	
7	210 ACCIDENT WAS UNDERLYING	216 TIME O			21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM I	8 PART 1 O	RPART 2)		
		AIN	M. MONTH DAY		2 (16)							
1	(IF EITHER NOTIFY MEDICAL EXAMINE			19	1111100011101							
	CIFEITHER NOTIFY MEDICAL EXAMINED  21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FAR	M, ETC )	21f LOCATION	4	CITY OR TO	OWN	C	OUNTY		STATE
	AT WORK AT WORK											
	22a I certify that (I) (this hosp	ital) attended, th	e deceased from	8/	16/85	. 19	to_ 8/19/E	15	19_		that (1) (	we) last
	saw the deceased plive on	8/19/8	5- 19	, ar	nd that in (my) (	our) opinion d	leath accurred on the a	date and h	our and			
	above, (I) (we) (did) (did no	it) view the body	ofter death.		DEGREE						4	_
	120. SIGNATURE	Sin	las un			TENDING	MEDICAL STA		1	TE DATE	101	3-
	sunas,	Juny,	nerull	)		YSICIAN [	DIRECTOR PHYSI			011	0/8	20
1	224 PHYSICIAN'S NAME TYPE	OR PRINT)			22e ADDRESS	-			11	7		
П	DANA S.	SIM	PIFIL	1X	M	ERCI	1 4056	17%	76	_		
+	DINOIT S	2000	CORP	(L)	1 / ( (	77-00	, , , , ,	/ .				
2	30. BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NA	ME OF C	EMETERY OR CE	REMATORY	23d LOCATION		COUR	NTY		STATE
	Burial	Aug 2	2 1985 M	orela	and Mem.	Park	Parkvil	10		timor		Md.
2	4 FUNERAL DIRECTOR	-Aug. 2				DATE	REC'D. BY REGISTRAN		ISTRAR'S	SIGNAT	URE	viCi
	name /		ADDRESS 10	20 A	ork Road	ALIC E	0 9 4000	1000 100	widom	9	de fig.	
	Ruck Towson Fun	0 m = T T =				1001111	/ / BUXA	4 YULY YOU'V	WIDOW	TUNE TO STATE OF THE PARTY OF T	CALO BUY	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Item 18 shows any



226074

IMPORTANT: If them 21 is marked ar Item 18 shows any injury, or ather traumatic event, th should be detached for use as the burral-transit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remaval

1 - STATE

TO FUNERAL DIRECTOR: BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

DHMH - 16 60M 7/8 (VRA 15, 4)

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 CERTIFICATE OF DEATH

1)	2	4	2	0
600	Euro	8	Sing.	C

1		REGISTRAR					REG. No	D.		-01
	1. DEC	OR PRINT)	WIDDLE	10 - A	51	1	20 DATE OF DEATH	8-8		26. HOUR
	3. SE)	Oleven	1 RACE	AL DUE	RIPTH	_	6 AGE (IN YEARS LAST BIR	0	UNDER I YEAR	IF UNDER 24 HRS
	3. SE/	E	0.	моми	Dar	HEAR	•		THS DAYS	HOURS MIN.
3.	1	F	10/ack	9	14	00	85	YRS		
20		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED	☐ NEVER M	ARRIED 🗆	BALTIMORE CITY O	R COUNTY O	FDEATH	
C		N.C.	USA	WIDOWED		ORCED 🗍	Jal	-	ITY,	MD.
20	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OTHER INSTI	TUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		126 KIND OF INDUSTRY	BUSINESS OR
0		Saltimore	Mason F	Land	(Fran	cis S	cott Key)			
		AL RESIDENCE IN NURSING HOME OR			13d. INSIDE CIT	Y LIMITS?	13e.STREET ADDRESS	ZIP CODE		
1		mo	Balti	more	48.0	NO 🗆		rings	C+,	21231
	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S	MAIDEN NAM	NE MIDDLE		LAST	
		John	Tayl	0 4	Ha	sitt.		•	aylor	
1		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		17 INFORMAN		ADDRE		TO VIE	
		NO	246-09-	0308	retti	grew	Horton 1	904 P	earla	an 81.
			nly one cause per line for a), (b) o	nd ic	0 5	,			BETWEEN OF	ATE INTERVAL NSET AND DEATH
		PART I DEATH WAS CAUSE IMMEDIAT	TE CAUSE 10) Weh	your	at70	W				
			DUE TO, OR AS A CONSEQU	INCE OF	1		1 1			
		Conditions, if ony, which	( 1b) Dery	phero	el 00	ascu	lardo	each		
111		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF				201		
		underlying couse last.	(()							
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED T	O THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART No	
	CERTIFICATION									
(1)	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION	WAS PERFOR	MED	20a AUTOPSY?		VERE FINDING	
1	TIF						YES NO	YES		NO [
0	CE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AV YEAR	21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART	1 OR PART 2)	
1	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	· · · · · · · · · · · · · · · · · · ·	19						
	EDI	21d INJURY OCCURRED	21e PLACE OF INJURY	CARD FEC.	211. LOCATION	4	CITY OR TO	WN	COUNTY	STATE
	×	AT WORK AT WORK	TAN HOME STREET, PACTORY, OFFICE,	PARM EIC	JINEET					g,
		22a.1 certify that (1) (this haspi	tal) attended the deceased from.			, 19	, ta			nat (I) (we) lost
		saw the deceased alive on above. (1) (we) (did) (did) no	t view the body ofter death	, and	that in (my) (	our) opinian di	eath accurred an the do	ite and hour a	nd from the c	auses stated
		226 SIGNATURE		D	EGREE				22c Dates	NED
		Susan	Kenman	ML		TENDING AYSICIAN	DIRECTOR PHYSIC		8/8/	85
1		228 PHYSICIAN'S NAME LINE O	R PRINT)		22e ADDRESS			7	11	121220
		Susan L	enman		520	o Eas	stern Ave	, pai	t Mc	121224
	23 <b>a</b> B	URIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CE	REMATORY	23d LOCATION			
	1	SPECIFY) Burial	8/12/85 E	ast u:	ow m	em. Pi	K Balto		OUNTY	b-O
	24 FL	INERAL DIRECTOR					REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATU	RE
*		m. C. ma-ch	C/H 1101	E. No	A dt >	N Δ11	IG 9 1985	in No	inda >	0

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University of A

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	FOR	
-	STATE	
	REGISTRAR	

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			ICAIE OF DEATH	REG. NO	D	
	1. DEC	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	TYPE	JOESPH WA	MI VAL	3RUM		8	3 18 85	414 A M
	1 SEX	4,	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
1	M	1AUT	BINEK	work	16 47	38	YRS.	HOURS MIN.
	7a BIF	RTHPLACE I STATE OR FOREIG 76	CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
0	148	ATTAL	HAPP!	WIDOW	ED DIVORCED	BATT	CITY	MD.
0	H C	OR TOWN OF DEATH	. NAME OF HOSPITAL, NI	JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
ž	ž	SAUTIMONE	UMV OF	- MAR-	1 HAND	to d	JOKKEN	
1		AL RESIDENCE OF NURSED FOR COLUMN	130 CITY OR		1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS A	ZIP CODE P.O.	30x 146
2	M	D Jaco	HEITEL FERM	sount-	YES NO	CHKOXNIVI	Federalsburg	, Md.
71	H.FA	THER'S NAME			15 MOTHER'S MAIDEN NAM	ΛE		
	V	ALBRUM, ST	Forns		ALTHGRACE	ALEXA	JDRIA LAS	
7	160 M	VAS DECEASED EVER N U.S. ARME		SECURITY NO.	17 INFORMANT	ADDRE	SS 2649 Bedfa	ll Ave.
-	1	NA TROWN) (IF YES, GIVE W	1591-1	59-585	Joseph Afrnta	arne Brookl	Lyn, N.Y.	
		18 CAUSE OF DEATH (Enter only a	nne course ner line for in). If	n and coll	*		APPROXI	MATE INTERVAL
		DART I DEATH WAS CALISED B	av.		NEWMONIA		@/	NSE JAND DEATH
		IMMEDIATE (	CAUSE (0) NEVMOC	43/13 Y	(C) De (MO) (VI)		01	1100
	1		DUE TO, OR AS A CONS	EQUENCE OF	60/		= 01	1000
		Conditions, if ony, which	( 16) A PUIRE	SD IMM	UNE DEFTENCY	SYNOROM	0 8	1187
	V-	gave rise to immediate cause (a), stating the	DUE TO, OPPAS A CONS	EQUENCE OF				-10-
		underlying couse lost	1 KENM	FALL	INE		1-4/1-	5/85
G	3	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONE	OITION GIVEN IN PART 11	
	Z	By a separated the						
	ATK	198 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	NI MAKAS DEDECODARED	20e AUTOPSY?	1206. IF YES, WERE FINDIN	
	F.							IGS LISED
					N WAS FERFORMED	1	IN CERTIFYING CAUSES	OF DEATH?
_	E I					YES NO	IN CERTIFYING CAUSES YES	
A	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21¢ HOW INJURY OCCURR	YES NO	IN CERTIFYING CAUSES YES	OF DEATH?
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	d DAY YEAR		YES NO	IN CERTIFYING CAUSES YES	OF DEATH?
1		210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY	1 DAY YEAR	21c HOW INJURY OCCURR	YES NO DED (ENTER NATURE OF INJUR	IN CERTIFYING CAUSES YES  YES (1) YEN (16 M B PART I OR PART ?)	OF DEATH?
1	MEDICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	1 DAY YEAR	21¢ HOW INJURY OCCURR	YES NO	IN CERTIFYING CAUSES YES  YES (1) YEN (16 M B PART I OR PART ?)	OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [18 EITHER NOTIFY MEDICAL EXAMINER] 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, O	1 DAY YEAR 19  FFICE FARM ETC.)	21c HOW INJURY OCCURR	YES NO DED (ENTER NATURE OF INJUR	IN CERTIFYING CAUSES YES   IN INITEM IS PART 1 OR PART 2)  WHY  COUNTY	OF DEATH? NO   STATE
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER] 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK ALL WORK  220 1 certify thoy in this hospital	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, O	H DAY YEAR 19 FFICE FARM ETC.)	211 LOCATION STREET  19	YES NO DED (ENTER NATURE OF INJUR	IN CERTIFYING CAUSES YES  IN INITEM IS PART 1 OR PART 2) WN COUNTY	OF DEATH? NO STATE
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [18 EITHER NOTIFY MEDICAL EXAMINER] 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY LATHOME STREET FACTORY, O	H DAY YEAR 19 FFICE FARM ETC.)	21c HOW INJURY OCCURR	YES NO DED (ENTER NATURE OF INJUR	IN CERTIFYING CAUSES YES  IN INITEM IS PART 1 OR PART 2) WN COUNTY	OF DEATH? NO STATE
		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER] 21d INJURY OCCURRED  WHILE NOT WHILE AT WORE 22a Lertify those In this hospital  sow the deceased olive on	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY LATHOME STREET FACTORY, O	DAY YEAR 19  FFICE FARM ETC.)	211 LOCATION STREET  19  nd that in (my) (our) opinion d DEGREE	YES NO DED (ENTER NATURE OF INJURE CITY OR TOV	IN CERTIFYING CAUSES YES  IN IN THEM IS PART 1 OR PART 21  MN COUNTY  Le and hour and from the	OF DEATH? NO STATE  that     (we) lost couses stoted
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICALEXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a I certify that I this hospital saw the deceased alive an above. (I) [weil didd] did notive	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY LATHOME STREET FACTORY, O	DAY YEAR 19  FFICE FARM ETC.)	211 LOCATION STREET  19  19  10  10  10  10  10  10  10  10	YES NO DED (ENTER NATURE OF INJURE CITY OR TOV	IN CERTIFYING CAUSES YES  IN IN THEM IS PART 1 OR PART 21  MN COUNTY  Le and hour and from the	OF DEATH? NO STATE  that     (we) lost couses stoted
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		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER] 21d INJURY OCCURRED  WHIE AT WORK NOT WHILE AT WORK AT WORK IN THIS SOW THE DECEMBER OF THE SOW	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY 1AT HOME STREET FACTORY, O Lottended the deceased f wiew the bady after death.	DAY YEAR 19  FFICE FARM ETC.)	211 LOCATION STREET  211 LOCATION STREET  19  nd that in (my) (our) opinion d  DEGREE  ATTENDING PHYSICIAN	ED (ENTER NATURE OF INJUR  CITY ORTO  Leath occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	IN CERTIFYING CAUSES YES  IN IN THEM IS PART 1 OR PART 21  MN COUNTY  Le and hour and from the	OF DEATH? NO STATE  that     (we) lost couses stoted
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DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed to should be detached for use as the burial-transit permit. Then plean with the State Dept of Health and Mental Hygiene prior to burial.

(VRA 15, 4)

Anatomy Board

Balto., Md.

15 (1) THESE KINT VALISHIT MACES STATE OF STATE THE HAIT CHE CONTRACT CAT BARCHARIE DAY OF MALTHAD WINDOW MS TO SHEET FOR SOUL III SHOULD SHEET FIRE PLANTS A TOWN Menocetts Wenters A LANGE THE SECTION AND A STREET SOH OF SOURCE PARTY AND A SO

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( Fig	1300	14 FA	John	MIE	W.	Se.	llman	15 MOTHER'S MAIDEN  Cora	NAME	E.		Pobbil	itz
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he low roon. on. hos bee	ows ony	CERTIFICATION	190 DATE OF OPERATION	NC	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20c AUT	OPSY?	IN CERTIF	, WERE FINDIN YING CAUSES (	
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offendin offendin s the bu	rked or	MEDICAL	214 INJURY OCCURRE		21e PLACE (	OF INJURY SEET, FACTORY, O	OFFICE FARM ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TTENDIN pitol or TOR: Af	of Health		22c I certify that (I) (I deceased (I) (we) (die		1	1	1-	nd that in (my) (our) opin	ion deoth occurr	8   13 ed on the de	ote and hour		hot (1) (we) lost ouses stated
ITAL OR A by the hos RAL DIREC	NT: If Item		THE SCHATURE  CLUME  22d PHYSICIAN'S NAM	Pu	mzali	an	2.1.2	DEGREE ATTENDING PHYSICIAN	G MEDICAL N DIRECTOR	STAI	FF CIAN []	224 DATE S	
O HOSPITAL etoined by the TO FUNERAL should be det	MPORTAN		521	14 1	Harfn.	one 1	1024	A ADDRESS Balty.	md.	212	14		
BP	-		urial, cremation, r SPECIFY) URIAL		236. DATE AUG 16	1985		EMETERY OR CREMATO	em. Cro	wnsvi]		A°A™ Ma	ryland
DHMH - 16 6 (VRA 15	50M 7/B4 5, 4)		UNERAL DIRECTOR BBARD FUNER	AL HO	ME, INC.	4107	WILKENS	21229 25c. AVENUE 1	DATE REC'D. BY	REGISTRAR	A EL	Was IGN	HARL.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 246073 - STATE REGISTRAR DECEASED NAME KNOWN V 20. DATE MONTH 26 HOUR (TYPE OR PRINT) OF ESTI- 8-23-85 VARNETTE Patricia VANN 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED Female 27 1951 8-23-85 :10A Negro 34 DEAD YRS To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland USA Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 500 blk. Edmondson Avenue UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21206 ADDRESS ther Avenue 13a STATE 1136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 4903 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Odessa MIDDLE Willie Roseboro Vann 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Willie Vann 2831 The Alameda 213-62-0904 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL - I EALTH AND MEN CREMATION, O lying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICA FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A FFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING NOR passenger of a van in collision with another CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Edmondson&Monroe Sts. Baltimore, Maryland 220. I certify that I took charge of the remains described obave, held on Inspection Inquiry ond in my opinion Accident Suicide Undetermined manner Natural causes 8-23-85 TITLE (SPECIFY) DATE Assistant SIGNATURE SIGNED EXAMINER'S NAME Korell.M.d Penn Street Margarita A. TYPE OR PRINT 23a, BURIAL, CREMATION, REMOVAL 123b. DATE 23d LOCATION Baltimore, Maryland STATE Burial 8/30/85 Baltimore Cemetery 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE AUG 2 0 1085 **DHMH - 17** Wm. C. March F/H, Inc. 1101 E. North Ave. (VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22/32

ICATE OF DEATH	6.	a Com
ICATE OF DEATH	REC	NO.

00000	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		EASED NAME FIRST	0	MIDDLE	1/	AST	20 DATE OF DEATH	MONTH DA		26 HOUR
oy be deorth deorth		Harry		· .		ighn	08	3 - 8	-85	1:12 AM
(o	1. SEX	7	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
8 96 0	Ma	le	White		1	24 16	69	YRS.		
8 82 96		CTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	1. BALTIMORE CITY O	R COUNTY C	OF DEATH	
1 1 1	_	nnsylvania	U.S.		WIDOWE		Baltimore		ty	MD.
1 11 20/	10. CII	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST OF			F BUSINESS OR
1 12 2/	-	ltimore		s Scott K		lical Ctr	Pipe Fitter	c	Union	1 77
2 14 12	130 S	L RESIDENCE (IF NURSING HOME TATE 136 COI	OR OTHER INSTITUTION UNTY	13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
1 1100	-	4	to.	Dundalk		YES NO X	7 Mavista	Ave Bal	to Md	21222
1 (10 /1/2)	1	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		t AS1	
14000	-	abriel	R	Vaughn		Florence	M	2	hnestim	
9 98 9 7	/ IY		GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
3 55	Ye	s W	V II	211-03-2	2455 7	Victory J Ho	ouck same	as 13e		
9 2017		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one cause pe	(1)		1 +				MATE INTERVAL DISET AND DEATH
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of cort			DUE TO, C	R AS A CONSEQU	NEEDOF	+: . D1	, A.	)		
de d		Canditions, if ony, which gove rise to immediate	(b)_	Chronic O	Colle	The Pulmona	y pusea	لعم		
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11117	ATR	190. DATE OF OPERATION		DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?		WERE FINDIN	
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7 2 2 2 2 7	CERT	210. ACCIDENT WAS UNDERLYING		OF INJURY	WE . B	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I I OR PART 2)	
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State of the state	EDIC	21d INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION	CITY OR TO	wN	COUNTY	STATE
A to the state of	×	NOT WHILE AT WORK	TAT HOME S	TREET, FACTORY, OFFICE, F	ARM, ETC.}	JINEET	1			
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2 o t t 0 t 1		saw the deceased glive a above (1) (we) (did) did	on 8/8	y after death	35 01	d that ir (my) (aur) opinion	deoth occurred an the d	ate and haur	and from the	auses stated
NO WEST OF THE PARTY OF THE PAR		THE SIGNATURE	2001	n m	()	DEGREE			22c DATE	SIGNED
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0 1 2 1 3		Stanley 1		e, M.D.		<u> </u>	stern Ave,			
	(	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)

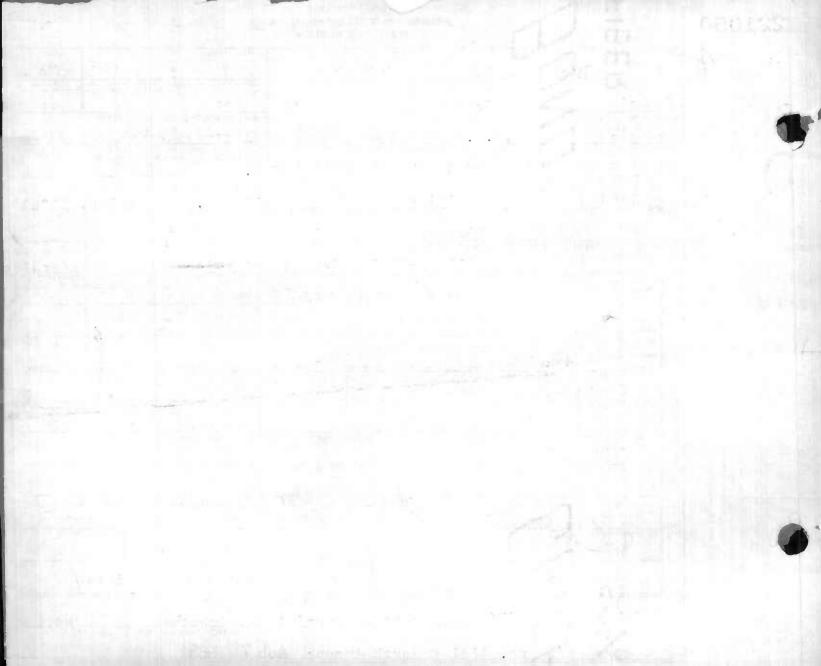
24 FUNERAL DIRECTOR

Duda-Ruck Inc 7922 Wise Ave. Balto. Md 21222

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE AUG 12 1985 Line Davidson-Rome

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	1.	FOR STATE 8/20/85 REGISTRAR	rja <b>DEF</b>	PARTMENT OF HEALTH AND MENTAL H	YGIENE 2 2 / 3 3	
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ector.		Male	Black	MONTH DAY YEAR 2 20 12	7 3 YRS	HOURS M
Show	7a. B	RTHPLACE (STATE OR EOREIGN	76. CITIZEN OF WHAT COUN		BALTIMORE CITY OF COUNTY OF DEATH	
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by the filled with	В	ALTIMORE	FRANCIS SC	COTT KEY MEDICAL	120 USUAL OCCUPATION (174PE OF WORK EOR MOST OF WORKING LIFE)  CTR.	BUSINESS
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ampletely of Carline	14. F/	T o m	Winso	· moi	MIDDLE LAST	
Pages 1	16a \	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	SECURITY NO. 17. INFORMANT -05-0797 Alice Ed	wards Vincon 1209 E F	eder
9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Conditions, if any, which	(b)			
een signed by the	ATION	couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  C & CLIVO VAS	cule disease	G TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART TO	Cs here
n. nos been sign permit. Then I ne prior ta bu ws any injury,	RTIFICATION	PART 2. OTHER SIGNIFICANT  CREWOUND US S  190. DATE OF OPERATION	conditions Contributions  CONDITIONS CONTRIBUTION  CONDITION FOR W	G TO DEATH BUT NOT RELATED TO THE TE	200. AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES CONTROL YES NO YES	GS USED DF DEATH? NO
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The law require cian. The has been sign sit permit. Then I glene prior ta bushaws any injury,	MEDICAL CERTIFICATION	Couse (01, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  C & Live UAS  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DIE	CONDITIONS CONTRIBUTION COMPANY  196 CONDITION FOR W  216 TIME OF INJURY HOUR A.M. MONTH	CHAPTER TO THE TELESTED TO THE	200. AUTOPSY?  200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES WERE FINDING CAUSES OF YES WERE FINDING CAUSES OF YES WERE FINDING COUNTY COUNTY	OF DEATH?
OR ATTENDING PHYSICIAN: The law require this partial or attending physician. DIRECTOR: After this certificate has been sign sched for use as the buriot-transit permit. Then, Dept. at Health and Mental Hygiene prior to bu		PART 2. OTHER SIGNIFICANT  CREWD URS  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OED (IF EITHER, NOTHY MEDICAL EXAMINA  21d. INJURY OCCURRED  WHIE AT WORK AT WORK  22a. I certify that (I) (this has sow the decensed alive o	CONDITIONS CONTRIBUTION  IPP. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, C	CHOOPERATION WAS PERFORMED  H DAY YEAR  19  211. LOCATION  STREET  From  7  19  0  19  19	280. AUTOPSY?  280. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES   URRED (ENTER NATURE OF INJURY IN HEM 18, PART 1 OR PART 2)  CITY OR TOWN  COUNTY  TO 19 5 , the on death occurred on the date and haur and from the co	STATE
R ATTENDING PHYSICIAN: The law require haspital or attending physician.  RECTOR, After this certificate has been significate to the period of		PART 2. OTHER SIGNIFICANT  CREWD URS  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OE DI (IF EITHER, NOTHY MEDICAL EXAMINA  21d. INJURY OCCURRED  WHILE   NOTHY MEDICAL EXAMINA  21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   NOT WHILE   Sow the decosed dive a obove. (1) Keep (did) (did)	CONDITIONS CONTRIBUTION  CONDITIONS CONTRIBUTION  19b. CONDITION FOR W  19b. CONDITION FOR W  ATH HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (A1 HOME, STREET, EACTORY, CONTRIBUTION)  OTHER DESCRIPTION  OR PRINT)	CHAIR BUT NOT RELATED TO THE TE  WHICH OPERATION WAS PERFORMED  21c. HOW INJURY OCC  19 211. LOCATION  STREET  19 217  DEGREE  ATTENDING	280. AUTOPSY?  280. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES   URRED (ENTER NATURE OF INJURY IN HEM 18, PART 1 OR PART 2)  CITY OR TOWN  COUNTY  TO 19 5 , the on death occurred on the date and haur and from the co	STATE



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22/36

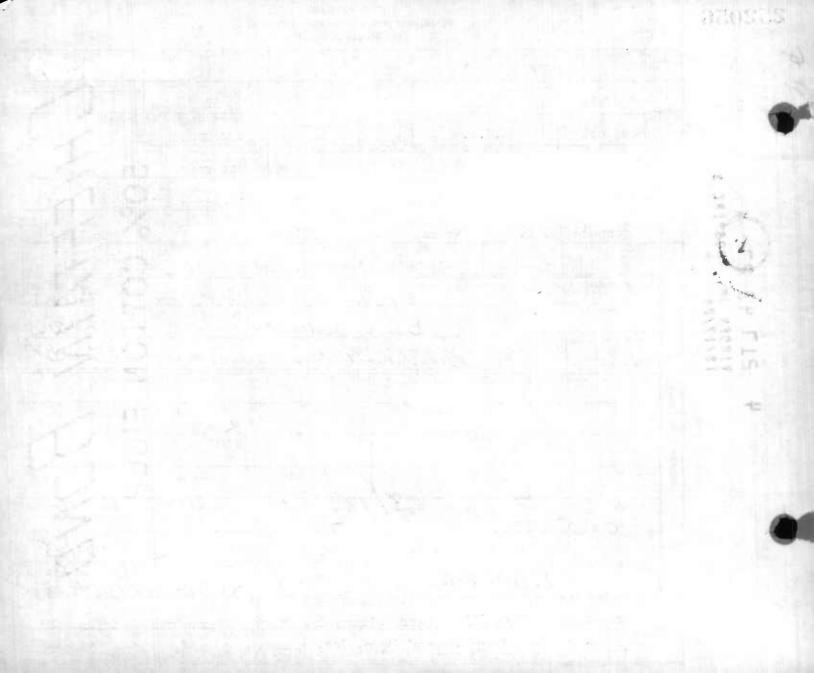
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.				
	DECEASED NAME FIRST PROSE	PERE S	VIR	DEN JR.	20. DATE OF DEATH MO		26 HOUR 4:05PM		
	3 SEX Male	4 RACE White	5. DATE C		6 AGE (IN YEARS LAST BIRTHD)	WONTHS DATE	IF UNDER 24 HRS		
1	IRTHPLACE (STATE OR FOREIGN COUNTRY) New York	U.S.A.	NTRY? B MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTOMORE	COUNTY OF DEATH	MD.		
1	BALTIMORE	HE JOHNS HOP	KINS HOS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W. Attorney		Law		
		TY 13c. CITY O		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / Z 2018 Adams		22180		
	Prospere		len, Esq.	15. MOTHER'S MAIDEN NA	n MIDDLE		ller		
3		WAR OR DATES	22-8954	Joanna S. V:	ADDRESS irden (Wife)	2018 Adams Vienna, VA			
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Ď ΒΥ· E CAUSE (α)	Seps	is Obstruc	tion Carcinoma	3	MANTE INTERVAL ONSET AND DEATH		
1	PART 2 OTHER SIGNIFICANT C		IG TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONDIT		NGS USED		
51	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  AT WORK AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY.)	OFFICE, FARM. ETC.)	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	NITEM IS PART I ORPART ?)	STATE		
1	saw the deceased alive on	226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN B/21/85							
	230 BURIAL, CREMATION, REMOVAL SPECIFY) Cremation	23b DATE 08/29/85		EMETERY OR CREMATORY  litan Cremato	ory Alexanda	county ria Fairfa	STATE VA		

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

24 FUNERAL DIRECTOR
NAME Money & King Vienna Funeral Home, Inc.
171 W. Maple Ave. Vienna, VA 22180

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

63	0	1	40 - E	25
d'a	2	1	13	40

1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL H	100	2 / G. NO.	3 5		
	CEASED NAME FIRST Josephi		A.	Vit	asi t	26 DATE OF DEA	TH MONTH	DAY YEAR	26 HOL	IR U.SM
3/SE)	Female	4 RACE White		S. DATE C	17, DAY 1904 YEAR	6 AGE (IN YEARS L	ST BIRTHOAY)	MONTHS DAYS	IF UNDER	MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	U.S.A.	WHAT COUNTR	MARRIE		Baltimore City  Baltimore City				MD.
E	TY OR TOWN OF DEATH  Baltimore	Unio	n Memo	rial I	Hospital	Homemake	JPATION NOST OF WORKING	G LIFE) 12b. KIND ( INDUSTRY	of Busini	ESS OR
13 <b>9M</b>	AL RESIDENCE (IF NURSING HOME OF ATYLAND		13c. CITY OR TO Baltimo	NWC	138 INSIDE CHY LIMITS?	1207 Sa	ESS / ZIP CC bina A	ope venue 2	21209	
F	rederick D. ANt		LAST		Susie Cl	.ay		LA	ST	
(	VAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SE 218 32		John J. Hi		odress arvey G		Rd Ha	
No	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	r as a consec	QUENCE OF	Dufanche  NOT RELATED TO THE TE		CONDITION	GIVEN IN PART 1	10	
CERTIFICATION	190 DATE OF OPERATION	19b. COND	CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO			TH?
MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21e		F INJURY M. MONTH M. OF INJURY REET FACTORY, OFFIC	19	216 HOW INJURY OCCU		RED (ENTER NATURE OF INJURY IN ITEM 18 PAR CITY OR TOWN		RT   ORPART 2} COUNTY STATE	
	270. I certify that (1) (this hospital) attended the deceased from \$\frac{12 \text{ 1/95}}{25}\$, 19\frac{15}{15}\$, to \$\frac{12}{15}\$, 19\frac{15}{15}\$, sow the deceased alive on above, (1) (we) (did) (did not) view the body after death.  270. SIGNATURE \$\frac{125}{15}\$ SIGNATURE \$\frac{125}{15}\$ C\$\frac{1}{15}\$ ATTENDING MEDICAL STAFF									_
	22d PHYSICIAN'S NAME (TYPE	hy C.	Trages	er	PHYSICIAN 22e ADDRESS Union	DIRECTOR   PI		1 0	2/28	
- (	BURIAL, CREMATION, REMOVAL SPECIFY; Burial A	23b. DATE ug 5, 19			EMETERY OR CREMATOR	23d LOCATION CITY OR TO: Pikesv		Balto Co	., Mc	TATE
74 EI	INERAL DIRECTOR				750 0	ATE DEC'D BY DECIS	DAD 16 DEC	INTO ANTE CICNIA	TIPCA	

Burgee-Henss Funeral Home, Balto., Md.

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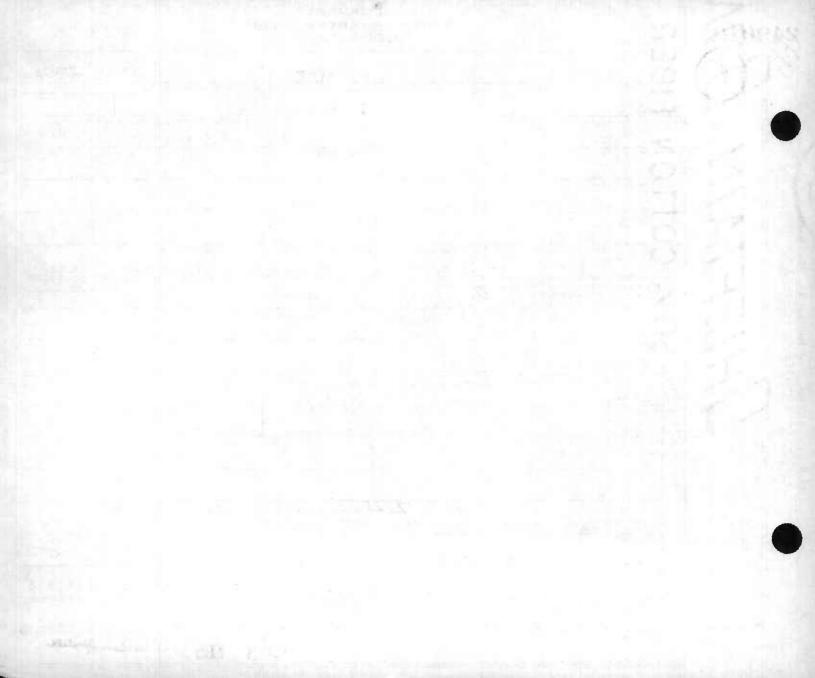
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by ishould be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, critique, the MPORTANT: If hem 21 is marked or Item 18 shows ony injury, or oth



Ambrose, Inc. 1328 Sulphur Spring Rd.

(VRA 15, 4)



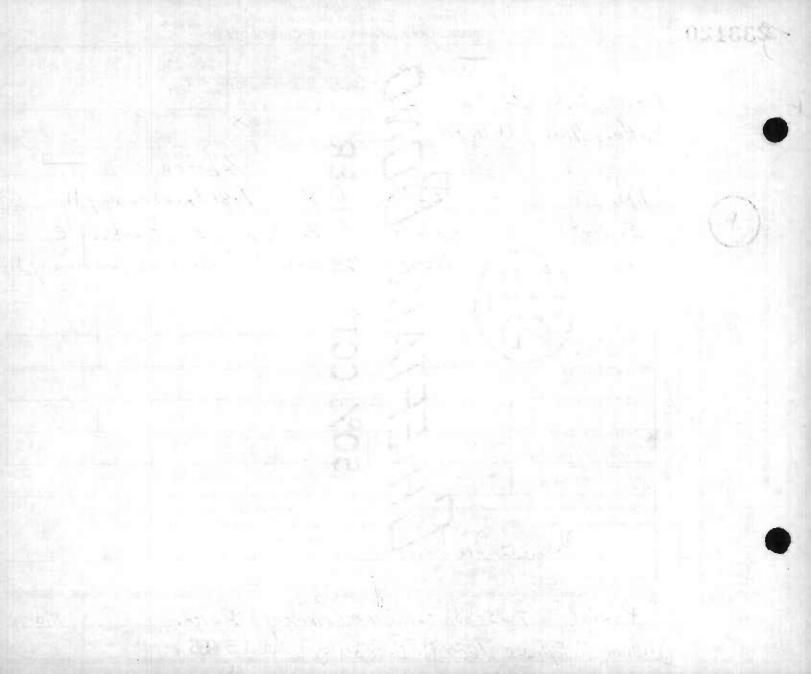
248066	FOR STATE REGISTRAR			DEPARTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	NTAL HYGIE	NE 5 2	347	526	7
	1. DECEASED NAME	FIRST	MIDDLE		AST	12	O. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
nay be page 3		NNIE	D		ILKER			8/20	114	PM
for, p	3. SEX	17	BLACK	S. DATE C		YEAR O	AGE (IN YEARS LAST BIR	YRS.	UNDER 1 YEAR	HOURS MIN.
neral direc	COUNTRY)	ATE OR FOREIGN	N. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIE WIDOWE	D NEVER MAR	RRIED	BACTIMORE CITY O	CITY	F DEATH	MD.
by the fu	BALTIMO	20	(IF NOT IN SUCH FACILITY OF	SIVE STREET ADDRESS)			20 USUAL OCCUPATI		12b. KIND C INDUSTRY	OF BUSINESS OR
AND 212	USUAL RESIDENCE	IE MURSING HOME OF	OTHER INSTITUTION, GIVE RESIDE		13d. INSIDE CITY	LIMITS?	3. STREET ADDRESS	RROWS	PT.	RD 21219
MARYLAND	NATHEN'S NAME		AIDULE	LLIAMS KLKER	15. MOTHER'S M. FIRST	ST.	WIDDLE		LAS	THE
iMORE,	Uh Known		WAR OR DATES	-24-3537	Evelyr		addrenson 2801		rows	Point R
DS, 201 W. PRESTON quires that the death or signed by the attendin hen please remore corb to burial, cremotion, or jury, at other traumatic	gove rise (a), underlying	couse lost.	DUE TO, OR AS A CO	ONSEQUENCE OF	NOT RELATED TO	) THE TERMIN	IAL DISEASE OR CON	DITION GIVEN	IN PART 10	0,
AL RECORDS, he low required to the low read to	190 DATE OF C	PERATION	196. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY IN YES {	NG CAUSES	NGS USED OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The offending physician ther this certificians is st the buriel-tronsis th ond Mental Hygies from them 18 shound	OR CONTRIBUTE	VAS UNDERLYING TO CAUSE OF DEAT FY MEDICAL EXAMINER)		NTH DAY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
DIVISION O DING PHYSICI or attending is attending is east the burial oith and Menta	(IF EITHER NOT  21d. INJURY O  WHILE AT WORK	CCURRED	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		21f. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
TTENDIA or pital or tree of Heal	22a.1 certify 1 sow the cobove, (1) 22b. SIGNATU	leceased alive and (we) (did) (did not	ol) ottended the deceose HK-UST 29 view the body ofter deo	th. 19 15, or		19 er) opinion de	, to oth occurred on the d	te ond hour o	nd from the	
0 . 0 . 0 .	Med 22d. PHYSICIA	7. Sal	una Try	7	ATTE	ENDING	MEDICAL STAI	FF IAN &	8/Z	9/85
TO HOSPITAL retained by the To FUNERAL should be deto with the Stote I MPORTANT.	NEAL 230. BURIAL, CREMA	T,	SAKIMA 1236. DATE	L22. NAME OF C			Y MED. CTR.	BATTO	MD	
BP	BURIA	J KEMOVAL	9/4/85		Hills (		Baltimor	ce Co,	NINUO	Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FUNERAL DIRECT	or irch F/E	H Inc. 110	MoresE Nort	h Ave.	SEP	SEC'D BY DECISTRAD		R'S SIGNAT	URE

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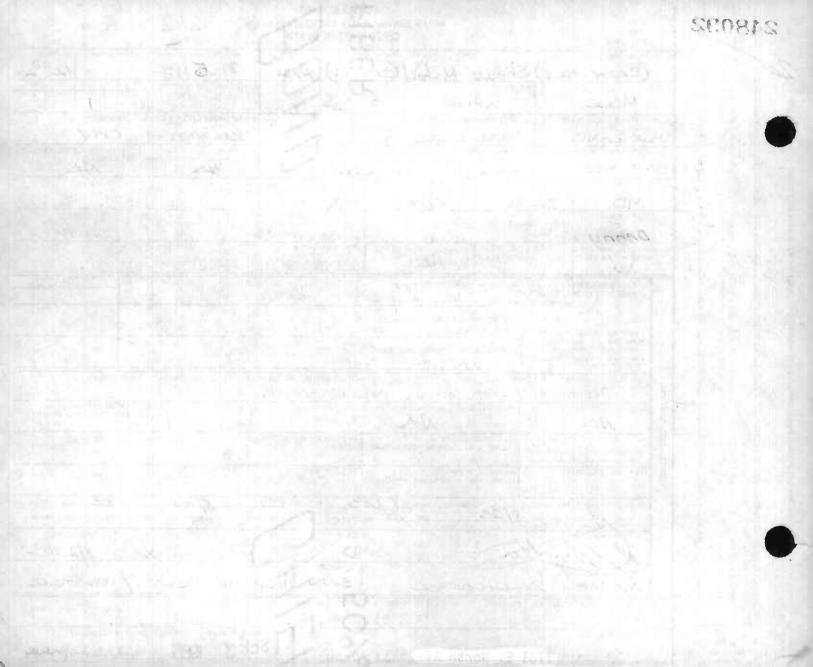
421

		100	FOR	STATE OF MARYLAND	R
13:	33120	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0
7	01.00		CEASED NAME FIRST	MDDLE LAST 24 DATE KNOWNXX MONTH	DAY YEAR 126 HOU
	Nava Ne	(TYI	Michae	OF FSII.	
	<b>A6598</b>	3.58		5. DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR   IF UNDER 24 HRS. 20. DATE MONTH	DAY YEAR 24 HQU
	ARY, I DIRE YOUR HONS	1	MALE BIK.	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 7-2]	1 19 85 a.
	SERVE SERVE		IRTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED BALTIMORE CITY OR COUNT	
	O SENES	ID C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK )	126. KIND OF BUSINESS
	ALAR TOO		Baltimore	University Hospital - STU	OR INDUSTRY
21201	S S S S S S S S S S S S S S S S S S S	USU A	AL RESIDENCE (IF IN NURSING HOME OR TATE 136 COUNTY	Y 130 STREET ADDRESS	2/213
9/		14. F.	ATHER'S NAME /	MIDDLE 15. MOTHERS MAIDEN NAME MIDDLE	717
12	2 2 DOC	2	ERNest	Mode Thelma E Busts	dole
OWN.	BEBBZ /	16a. \	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W		SAIC
BALT	NSC N		40	220-82-7458 ERNEST (1)AKER 1681 FACE	edomway N
- 1	N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1	U	PARTIDEATH WAS CAUSED	one cause per line for (o), (b), and (c).)	APPROXIMATE VIERVAL BETWEEN ONSET AND DEATH
NO.	A HAROTA H		IMMEDIATE	ECAUSE (0) Shotgun Wound to Abdomen	
15	MONTAL		Cardinary M. ann. Atiat	DUE TO, OR AS A CONSEQUENCE OF	100
E	MAN AND AND AND AND AND AND AND AND AND A		Conditions, if ony, which gove rise to immediate	(b)	
\$	A PER CANAL		couse (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
20	100 P		SART 2 BYHER CACHICAGANY COMPANIES OF	(c)	
RECORDS	PREDICT AS A B	z	TAKE 2 DIREK SIGNIFICANT CONDITIONS CO	ONTRIRUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a	
REC	AD BE E	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ITAI	100 To 10	PE			YES XX NO
9	THICATE SHO IG THE WORD TO THE CHI HOULD BE US PARTMENT OF ROR TO BURL	1	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM TO PART I OR PART	
NO	5±0058	CAL	UNDERLYING AND OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR EATH 1:57** 7-21 1985 subject was shot	
DIVISION	BESS SE	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 211 LOCATION	
8	WRI WRI ARE ARE ARE	2	AT WORK AT WORK	street 2600 blk. Greenmount Avenue, Bal	
	ATE. P		22a I certify that I took charge	of the remains described above, held an Autopsy XX, Inspection . Inquiry . and in my api	
_	MIN HERE		death resulted from: Natura	al causes , Accident , Suicide , Homicide . Undetermined manner ,	
	NAN WAR		Was .	TITLE (SPECIFY)	
	32525 —		ACTUAL SIGNATURE	M.D. Assistant MEDICAL EXAMINER SIGNED	7-21-85
	TO MEDICAL EXA EXECUTE THE CERT FOR EVERAL DIRE AFTER DEATH, WIT BALTIMORE, MAR'	-	EXAMINER'S NAME Marg	arita A. Korell, M.D. ADDRESS 111 Penn St., Balto., Md.	. 21201
100	BAT PAGE	23a.B	URIAL, CREMATION, REMOVAL 236		TY STAT
07/84 2566	BP		BURIAL	7-25-85 BAHIMORE CEMETERY BAHO,	Md.
-	DHMH - 17	24. FI	JNERAL DIRECTOR	ADDRESS ADDRESS ADDRESS AND REGISTRAR'S SK	GNATURE
	(VR A15 ME (5))	11	Illiam J. Spic	cer 1639 N. BRORDWAY AUG 15 1985 John Davidson	



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2480	192	1-	FOR STATE REGISTRAR		ARTMENT OF H	E OF MARYLAND EALTH AND MENTACHYG ICATE OF DEATH	REG. NO		0
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oth. Po	2 hours		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O		
deot	0 = 1		ARYLAND TY OR TOWN OF DEATH	UNITED STATE	S WIDOWE	D DIVORCED	120. USUAL OCCUPATE		KIND OF BUSINESS OR
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n 24 hau	should be	13a. S			TOWN	13d INSIDE CITY LIMITS? YES NO []	3412 Dorc		d. 21215
ted within	Sept 2 st	14. FA	DANNU	MIDDLE LAST	c	15. MOTHER'S MAIDEN NAMERST	WIDDLE		SMITH
e execu	Pages 1			RMED FORCES? 166 SOCIAL (	SECURITY NO.	SUZANNA SMITH	4 3412 Do	rchester	Rd.
ofe b	ol.		18 CAUSE OF DEATH (Enter or						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g phy	even		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE 10) CIRCUIO	PULMON	JARY MEREST		3123	
death o	mave cork nation, ar froumatic		Conditions, if any, which	DUE TO, OR AS A CONS	PERI CH	RDIUM			
that the	ease ren al, crem ar other t		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF	UNGS			40000
quires	hen pl	Z	PART 2 OTHER SIGNIFICANT			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART No
ne low renon.	ne prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI			20a AUTOPSY?	206. IF YES, WERI IN CERTIFYING (	E FINDINGS USED CAUSES OF DEATH?
CIAN: The physicic	Hygir Hygir		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE	-	Y IN ITEM 18 PART 1 OR	R PART 2)
G PHYSI offending er this ce	the buriol-t and Mental	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		211 LOCATION STREET	CITY OR TO	wn cc	DUNIY STATE
TENDIN pitol or o	or use as of Health 21 is mor		22a.1 certify that (1) (this hasp	0100	C 200	nd that in (my) (our) opinion	death occurred on the de		that (I) (we) lose training the couses stated
AL OR AL	- 4	S.	274 SHOWAYCHE	on view the body offer death.	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF J	8/25/85
O HOSPITAL efained by the	old be ORTAN	·	MICHAEL &	OLICOFFO	د	SIND HEST	P. OF BO	CTO. / A	EVATRICS
BP_	- 3 4		Burial, cremation, removal	8/30/85		w Mem. Pk.	73d LOCATION CITYOR TOWN Catonsvi		
DHMH - 16		24 FI	INERAL DIRECTOR	ADDR		C	EP 2 100E	and .	. 40
(VRA 1	3, 4)	1	m. C. March +/	H, Inc. 4300	Wahash	Avenue	EP 3 1985	Juna wav	idson-Handelle



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

227

П		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
₫		EASED NAME	FIRST	-	MIDDLE		AST .	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	TAPE	OR PRINT)	iom	i. F	7.	W	arlick		8/2	1/85	1005
Ì	J. SEX		2017	1 RACE		5. DATE C		6. AGE TIN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS.
İ		Femal	.e	White		MONTH	1 22	63	YRS.	ZYAG ZHIV	HOURS MIN
1		RTHPLACE (STATE OR F		76. CITIZEN OF	WHAT COUNTR	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
7		ryland		U.S.A		WIDOWE		Baltimor	e City		MD.
7		TY OR TOWN OF DEA	ATH	11. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C	F BUSINESS OR
		ltimore					dical Center	Housewife			
		AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
3	Ma	ryland		imore	Dundal		YES NO X .	7823 Jame		Road	21222
,	14 FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1.65	
0	/	Not Known		MIDDLE	Burges	SS	Ellen	MiDDLE	No	t Kno	
5		VAS DECEASED EVER			166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDR	ESS		
6	No	res, no or unknown)	(IF YES, GIVE	WAR OR DATES)	216-12	-9679	Harry Warlich	k	Same	as 13	e
		18 CAUSE OF DEAT	H (Enter on	y one cause per	line for (a), (b),	and (c).1		1		BETWEEN	MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH W	AS CAUSE	Ó BY: E CAUSE (a)	Car	dia DI	s)maino m	Arre	st		
4			IMMEDIAI			010-4-					
		Conditions, if ony,	which	DUE 10, O	R AS A CONSE	DUENCE OF					
		gave rise to imr	nediate	) 10)_			a see topical				
		cause (a), statin underlying cause		DUE TO, O	R AS A CONSE	OUENCE OF					
	44,	DADY 2 OTHER CICA	HEIC AND C	(c)	DAITDIGUTIALC:	TO DE ATH BUT	NOT RELATED TO THE TERM	ANIAL DISEASE OR COL	IDITION CIVEN	LAND DART 1	
	Z	FART 2)OTHER SIGI	AILICAIAI C		()	11 C	A C. A 1 1)	MAC DISEASE OR CO.	ADTHORA GIVEN	A KALAKI II	d.
	CERTIFICATION	19a DATE OF OPERA	TION	-ara	100	ICH OPERATIO	N WAS PERFORMED	100 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
1	FIC							YES T NOT	IN CERTIFYII		OF DEATH?
5	ERT	21a. ACCIDENT WAS UNI	DERLYING [	21b. TIME C	E IN ILIRY		21c HOW INJURY OCCUR				140 []
1		OR CONTRIBUTING	_	LIOUD A	M. MONTH	DAY YEAR		TEMER MAIORE OF THE	on the regard of the		
	MEDICAL	(IF EITHER NOTIFY MEDI- 21d. INJURY OCCUR		P. PLACE	M.	19	211. LOCATION				
	MED	WHILE MOT WE			REET, FACTORY, OFFI	CE FARM, ETC )	STREET	CITY OR T	OWN	COUNTY	STATE
		ALWORK AT WO	RK			(3)	1,00	- of	- 1	07	
1		220.1) certify that (1) saw the decease	-	/	e deceased fro	CV C	nd that in (my) (our) apinian	doub assured as the	19		that (I) (we) last
		obove, (I) (we) (e	did) (did noi	) view the body	after death	y <b>y</b> . 01		death occurred an the c	are and haur a	0	
		27b) SIGNATURE	0				DEGREE ATTENDING	MEDICAL STA	AFF /	220 DAJE	SIGNED
		(4	. 0	oner	)		PHYSICIAN [	DIRECTOR PHYS		10/	21/83
	(	224 PHYSICIAN'S N.	AME (TYPE O	R PRINT)			22e ADDRESS		A	0 1	11
		4.	Cr	onin			4940 E	astern	Nue	13a L	t Nd
		BURIAL, CREMATION,	REMOVAL	23b. DATE	2	31. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
		urial		8/23/	1985	Oak La	wn Cemetery	Baltimo	ce	M	laryland
	24 FL	JNERAL DIRECTOR D	uda-R	uck, In	C . ADDRE		25a. DA	406°2'6 908	256 REGISTRA	E'STRANN	Monte
	7	922 Wise A	venue	Dun			21222		10		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept of Heal (MPORTANT: If them 21 is m

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

Dundalk, Maryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

0	0	8	di	3
2	2	1		634

	17	STATE REGISTRAR				CERTIF	ICATE OF DEATH	100	REG. NO.				Н.
9		CEASED NAME	FIRST	٨	AIDDLE	I	AST	20. DATE OF			YEAR	26 HOUR	
5			KATHE	RINE	(nmi)	WAS	SHINGTON		8	7	85	6	AM
	3. SEX			4 RACE		5. DATE C		6 AGE INYE	ARS LAST BIRTHDA	MONTH	DER I YEAR	IF UNDER 2	24 HRS
	-WIT	nite Femi	ALL	Black		May	2, 1920	65		YRS			
1	7e. BIF	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMOR	E CITY OR C	OUNTY OF D	EATH		
1	No	orth Carol	ina	U.S.A.		WIDOWE		BALTI	MORE C	TTY			MD.
7.	10 CI	TY OR TOWN OF DE	ATH /		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL O	CCUPATION FOR MOST OF WO	121		F BUSINES	SSOR
7	BA	LTIMORE			Memoria]		oital	(TIPE OF WORK		omemake			
1	JSUA 30 S	AL RESIDENCE (IF NUR	SING TOME OR	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET A					
2		ryland	212		Baltimo		YES X NO		E. 29±1		at 2	21218	
2	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NA						
6	Th	omas		MIDDLE	White		Lilly		WIDDLE	Char	pman	oT .	
1	16c. V	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			21218	
	No	YES NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	220.36.5	5740	Groyer C. V	Washing	ton 27	30 The			ш
		18 CAUSE OF DEAT	TH (Enter on	ly one couse per	line for ioi, (b , on	d (c)					APPROX	IMATE INTERV	VAL DEATH
	1	PART I. DEATH V		E CAUSE (o)	P-Imar	nan ,	Embolism						
		Mr. Park			R AS A CONSEQUE	NCE OF							
	S	Conditions, if any		(b)_						10	Militar		
		gove rise to im		DUF TO, OF	R AS A CONSEQUE	NCF OF				- Floring			
		underlying cous	e lost	(c)									
		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE	OR CONDITI	ION GIVEN IN	PART 1	0	
,	CERTIFICATION	2/18/9						1			100	045	120
	CAI	190 DATE OF OPERA	MOIT	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		b. IF YES, WEI			
	TIF	7/25/8	75	Shon	t do No.	mal (	resum Hydrocapi		NO	YES [		NO Z	0
2		210. ACCIDENT WAS UN	_	110110 4	FINJURY M. MONTH DA	AY YEAR	216 HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN	ITEM 18 PART I C	PART 2)		
6	CAL	(IF EITHER NOTIEY MED			Μ,	19							
	MEDICAL	21d INJURY OCCUR		21e PLACE (	OF INJURY	ARM ETC )	211 LOCATION STREET		CITY OR TOWN	c	OUNTY	51	ATE
	~	AT WORK AT WO	ORK DRK										
		22a.1 certify that (I			/	05	+124, 19.85	to	81.	19_2		that (I)	
	·		ad laive on	t) view the body	ofter death		nd that in (my) (our) opinion	death accurred	d on the date of				ted
		27h SIGHEATORE	7-		/		DEGREE ATTENDING	MEDICAL	STAFF		22c DATE	SIGNED	
				de	-	-	PHYSICIAN [	DIRECTOR		100	81	17/0	15
1	-	224 PHYSICIAN'S N	AME TYPE O	-			22e ADDRESS		11	R	. 11		21.5
_		TRAMI.		Vi-rr		mo	UNION MEM			ac Da	17,17	0 (1	(1)
		BURIAL CREMATION	, REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCA	OR TOWN	cou	INTY	SI	ATE
	CT	diactori		08/08/	T202 [C]	reen l	Mount Cremator	ch RgT.	timore	City,	Mary	/land	

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Walter Brooks Bradley, Inc. Balto., MD 21222

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1985 Julie Devidson-Randelle

The the March Especially has get a D 12 5/8 12 12/5 12 5/8 MIGS X Topic you the commission of the state of the The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR 240012 I. DECEASED NAME 20 DATE KNOWN A MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Marvin Washington 20 19 85 4 RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER ) YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 3:40A DEAD Male Aug. 14, 1969 Black 1 GRS 20 1985 TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) New York WIDOWED [ DIVORCED Baltimore City USA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT INISUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY 600 Blk. Brune Street (school yard) Baltimore Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHERWISTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN New York Brooklyn YES NO [ 144 Woodruf FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Robert Cottle Veronica Washington 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS **INFORMANI** Mrs. Connie James-aunt-115-96 230 096 68 2342 Street, Cambrie Heights, New York 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ a 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR 3+ xexa. CONTRIBUTING CAUSE OF DEATH 8 20 19 85 Subject shot 211 LOCATION AT WORK AT WHILE STATE school vard 600 Blk. Brune St, Balto. MD. Autopsy X 220 I certify that I taak charge of the rymains described above, held an Inspection Inquiry Hamicide X death resulted fram: Suicide Undetermined manner Natural call TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/20/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M. D. DDRESS. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATIO 23c. NAME OF CEMETERY OR CREMATORY REMOVAL 23b. DATE Staten Psland Burial 1985 Frederick Douglas Cemetery Aug. 24 FUNERAL DIREC DHAME Benning Road, NAUG (VR A15 ME (S)) Stewart Fineral Home-4001

STATE OF MARYLAND

MARIE AND GROUPS

DHMH - 16 60M 7/84 (VRA 15, 4)

9 BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR INDUSTRY

1985

25 HOUR

3032 DULLON

YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

STATE

four ppinian death accurred on the date and hour and from the causes stated 22c DATE SIGNED

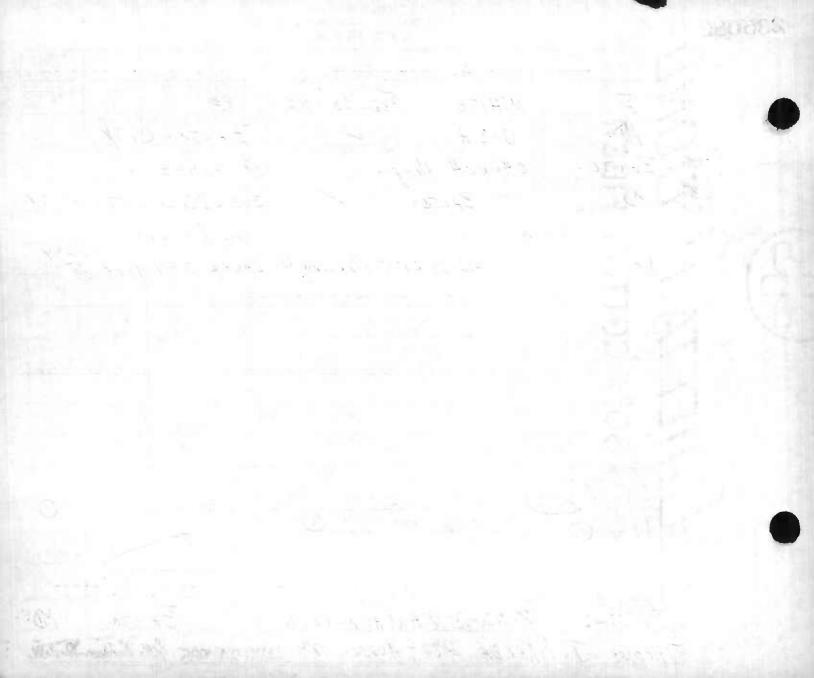
CHURCH HOSPITAL CORP.

BROADWAY BALTO, MD. 21231

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL KYGIENE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

# FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALTYGIENE CERTIFICATE OF DEATH

2	2	1	2	5
6.30	(Care		14	435

		CEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONIH	DAY YEAR	2b. HOU	R
1	(TANE	OR PRINT)	James	Ε.	Watkins		August 12	2, 198	5		
	3. SEX			4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER	-
	Ma	ale		Black	12 13	YEAR 442	40	YRS.	MONTHS DAYS	HOURS	M
	Je BIRTHPLACE (STATE OR FOREIGN		OR FOREIGN	L CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY		OF DEATH		-
5	COUNTRY) MD			USA		NORCED	Baltimore				
20		TY OR TOWN OF D altimore	DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET 241 Bethel Ct.		TITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		FE) INDUSTRY	OF BUSINES	SS
2	130. S	MD	URSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR TY 13c. CITY OR TOW Baltimo	re YES X	NO 🗌	13. STREET ADDRESS 241 Bethel		21231	4	
	14. FA	THER'S NAME FIRST	A	AIDDLE LAST	15. MOTHER	'S MAIDEN NAM	MIDDLE		Į.A.	ST	
X		Herman		Jacobs	Bess	sie			Watkin	S	_
1		VAS DECEASED EV		MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMA	ANT	ADDR	ESS			
1	,	No	(11 123,011	219-40-5	020 Bessi	e Booke	r 241 Beth	ol C+			
		IL CALISE OF DE	ATH (Enter pol	y one couse per line for (o), (b), on			LENOY S			WATE INTERV	VAI
		Conditions, if o gove rise to i couse (o), sta underlying cas	mmediate iting the	DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU							
	NO	gove rise to i couse (01, sta underlying cas	mmediate iting the use last	(b)	ENCE OF	D TO THE TERMI	NAL DISEASE OR CON	IDITION GIV	/EN IN PART 1:	0'	
9	TIFICATION	gove rise to i couse (01, sta underlying cas	mmediate iting the use last GNIFICANT C	DUE TO, OR AS A CONSEOU	ENCE OF <u>DEATH</u> BUT NOT RELATED		NAL DISEASE OR CON  200. AUTOPSY?  YES NO	20b. IF YES	VEN IN PART 1:  S, WERE FINDI FYING CAUSES	NGS USED	H?
9	CAL CERTIFICATION	gove rise to couse (o), sto underlying cau	mmediate thing the use last.  GNIFICANT C  RATION  UNDERLYING  CAUSE OF DEA'	DUE TO, OR AS A CONSEOU  (c)  ONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH	ENCE OF  DEATH BUT NOT RELATED  OPERATION WAS PERFO	DRMED	200 AUTOPSY?	206. IF YES	S, WERE FINDI FYING CAUSES	NGS USED	H?
9	MEDICAL CERTIFICATION	gove rise to icouse (o), stounderlying counderlying counderlying counderlying counderlying counderlying counterlying. DATE OF OPEI 190. ACCIDENT WAS 10 OR CONTRIBUTING [IF EITHER, NOTIFY MILE NOTIFY	mmediate time the use lost.  GNIFICANT C  RATION  UNDERLYING  CAUSE OF DEA'  EDICAL EXAMINER)	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH (H) TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED  OPERATION WAS PERFO  AY YEAR  19  211. LOCATION	DRMED NJURY OCCURRE	200 AUTOPSY? YES NO	20b. IF YES IN CERT IF YE	S, WERE FINDI FYING CAUSES	NGS USED 5 OF DEATH NO	H?
9		gove rise to a couse (o), sto underlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying counterlying contributions (if Either, NOTEY MALE NOTEY MALE NOTEY MALE NOTEY COUNTERLY COUNTE	mmediate the see lost.  GNIFICANT C  RATION  UNDERLYING  CAUSE OF DEA'S  CAUSE OF DEA'S  CAUSE OF DEA'S  CAUSE OF DEA'S  (I) (this hospit	DUE TO, OR AS A CONSEOU  (c)  ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, 10) ottended the deceased from	DEATH BUT NOT RELATED  OPERATION WAS PERFO  AY YEAR  19  211 LOCATIC STREET	DRMED  NJURY OCCURRE  ON  T	200 AUTOPSY? YES NO (STEER NATURE OF INJUING CITY OR TO	20b. IF YES IN CERTIF YE JRY IN ITEM 18 F	S, WERE FINDS EYING CAUSES S PART 1 OR PART 2)  COUNTY	NGS USED SOF DEATH NO	H?
9		gove rise to a couse (o), sta underlying couse (o), sta underlying couse (o), sta underlying couse (o), sta underlying couse (o), and contribution (o), an	mmediate ming the use lost.  GNIFICANT C  RATION  UNDERLYING CAUSE OF DEA: EDICAL EXAMINER)  JRRED  WHILE WORK  (I) (this hospit assed alive on.	DUE TO, OR AS A CONSEOU  (c)  ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, 10) ottended the deceased from	DEATH BUT NOT RELATED  OPERATION WAS PERFO  AY YEAR  19  FARM, ETC.)  211. LOCATIC STREET	DRMED  NJURY OCCURRE  ON  T	200 AUTOPSY? YES NO (STEER NATURE OF INJUING CITY OR TO	20b. IF YES IN CERTIF YE JRY IN ITEM 18 F	S, WERE FINDS EYING CAUSES S PART 1 OR PART 2)  COUNTY	NGS USED SOF DEATH NO	H?
99		gove rise to a couse (o), sta underlying couse (o), sta underlying couse (o), sta underlying couse (o), sta underlying couse (o), and contribution (o), an	mmediate ming the use lost.  GNIFICANT C  RATION  UNDERLYING CAUSE OF DEA: EDICAL EXAMINER)  JRRED  WHILE WORK  (I) (this hospit assed alive on.	DUE TO, OR AS A CONSEOU  (c)  ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1)  otherwise of the deceased from	DEATH BUT NOT RELATED  OPERATION WAS PERFO  AY YEAR  19  211. LOCATIC  FARM, ETC.)  DEGREE  DEGREE	ORMED  NJURY OCCURRE  ON  1  1, 19  (our) apinion di	200 AUTOPSY? YES NO (STEER NATURE OF INJUING CITY OR TO	IN CERTIFYE	S, WERE FINDS EYING CAUSES S PART 1 OR PART 2)  COUNTY	NGS USED SOF DEATH NO	H?
99	MEDICAL	gove rise to a couse (o), sto underlying couse (o), sto underlying couse (o), sto underlying couse (o), sto underlying couse (ii) and the couse (iii) and the couse (i	mmediote titing the tise lost.  GNIFICANT C  RATION  UNDERLYING  CAUSE OF DEA: EDICAL EXAMINER  UNDERLYING  WHILE  WORK  (I) (this hospit assed olive on  (did) (did not)	DUE TO, OR AS A CONSEQUED TO, OR AS A CONSEQUED TO, OR AS A CONSEQUED TO THE TOP TO THE	DEATH BUT NOT RELATED  I OPERATION WAS PERFO  AY YEAR  19  211 LOCATIC  FARM, ETC.)  DEGREE  1222 ADDRES	ORMED  NJURY OCCURRE  ON  1  19  (our) opinion de  ATTENDING PHYSICIAN  SS  SS  SHANS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA	IN CERTIFYEDWN	S, WERE FINDS EYING CAUSES S PART 1 OR PART 2)  COUNTY	NGS USED SOF DEATH NO	H?

AUG 1 3

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm. March F/H 1101 E. North Ave.



FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

10 BIRTHPLACE

COUNTRY

130 STATE

3 SEX

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENT CERTIFICATE OF DEATH

MONTH

	REG. I	NO.				
SOA	20 DATE OF DEATH	8	DAY 19	YEAR 85	26. HOU	R
	6. AGE IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	29	YRS	MONIHS	DAIS	HOURS	MIN.
	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

WO CITY OR TOWN OF DEATH

MARRIED NEVER MARRIED USA WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

126 KIND OF BUSINESS OR

21216

Baltimore

I STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? Baltimore

University Hose

YES N 2327 15 MOTHER'S MAIDEN NAME

56

MIDDLE Harris

Calverton Heights

mo 4 FATHER'S NAME

MIDCLE

136 COUNTY

JAMES

4 RACE

TO CITIZEN OF WHAT COUNTRY?

SY Watson 166 SOCIAL SECURITY NO

Edith 17 INFORMANT

ADDRESS

13e STREET ADDRESS / ZIP CODE

15-20 min

ND

(YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR GATEST

18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

Ed: +h 2327 Calverton Heights APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause

DUE TO, OR AS A CONSEQUENCE OF TAPHYLOCOCCUS DUE TO, OR AS A CONSEQUENCE OF LYMPHOCITIC LEUKEMIA

ARDIO PALMONARY

NOF

and that in (my) our apinian death accurred an the date and have and from the causes stated

200 AUTOPSY?

190 DATE OF OPERATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

	L
210 ACCIDENT WAS UNDERLYING	1
OR CONTRIBUTING CAUSE OF DEATH	L
(IE EITHER NOTIEV MEDICAL EXAMINER)	н

16. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21d. INJURY OCCURRED

P.M. 21e PLACE OF INJURY

19 211 LOCATION

COUNTY STATE CITY OF TOWN

NOT WHILE

AT HOME STREET FACTORY, OFFICE FARM ETC )

saw the deceased give an abave (1) (we) (did) (did not) view the bady after death 226 SIGNATURE

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN THE DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL

Wm. C. march

220.1 certify that (IV this haspital) attended the deceased from

22e ADDRESS

DEGREE

23c NAME OF CEMETERY OR CREMATORY

COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

185

236 DATE

6/14

men.

Balto

23d LOCATION

MO

24 FUNERAL DIRECTOR

1101 E. North Ave

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 238096 1. DECEASED NAME 20. DATE KNOWN YEAR MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-8/ 85 William IF ANY DELAY IS NECESSARY, PLEASE, AND 310 THE FUNERAL DIRECTOR.

RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED. WITHIN TAY HOURS. Wattenscheidt 1.0 4. RACE MONTH 3 SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS YEAR DATE MONTH DAY LAST BIRTHDAY) RONQUNCED 38 85 MALE White 16 50 DEAD A YRS Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY) Maryland U.S. Baltimore City, WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Baltimore 19 E. Centre St. Mail Room Newspaper JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Centre 19 E. Center St. 30 STATE 13c CITY OR TOWN T3d. INSIDE CITY LIMITS? 13b. COUNTY 21202 Md. Balto. NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AGES 1, 2 CV MIDDLE LAST MIDDLE LAST FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Unkn. 219-26-1782 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24, HOS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11FM, 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAT. TRANSIT PERMAPPENDENT, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEND, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Cirrhosis of the Liver IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate \* couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 OF HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK 220 I certify that I took charge of the remains des BOLY over LYn Autopsy Inspection ond in my opinion Natural couses X death resulted from-Undetermined monner TITLE (SPECIFY) 8/13/85 Assistant EXAMINER'S NAME Margarita A. Korell, M.D. Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION COUNTY STATE 8/16/85 Removal BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** NAME ADDRESS ha Davidson Balto., Md. (VR A15 ME (5)) Anatomy Board 20M 4/82

